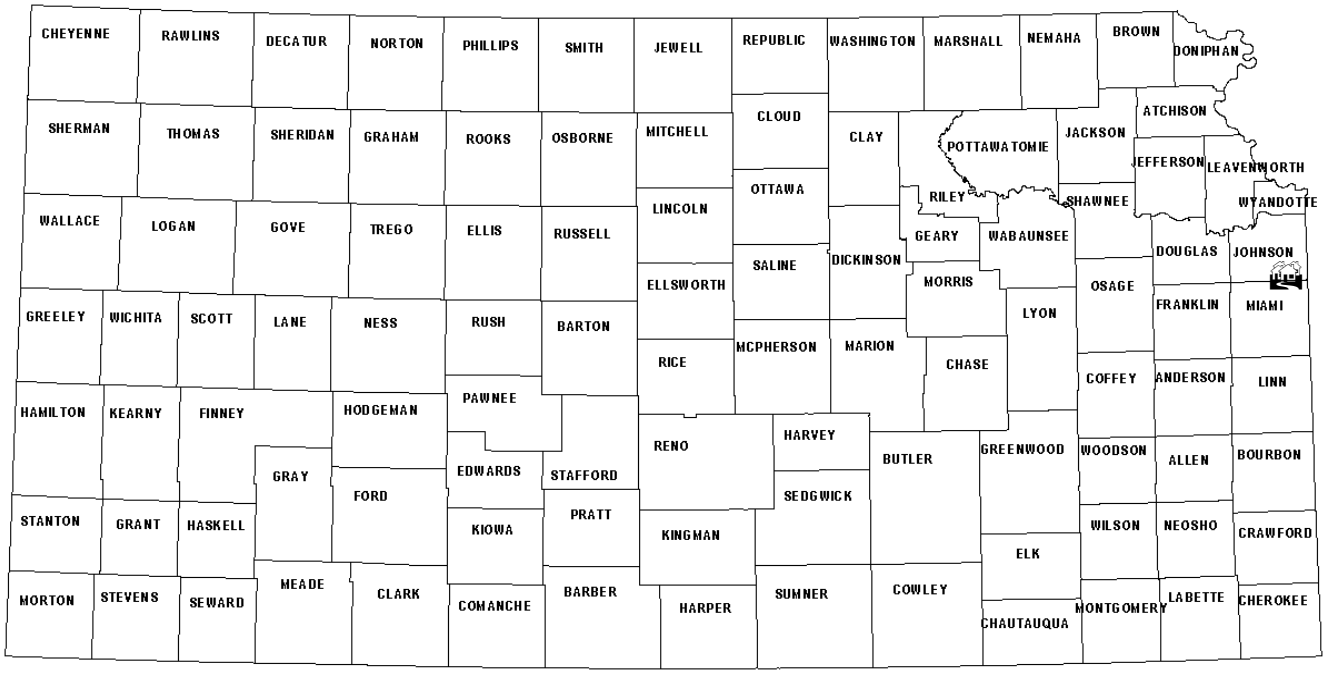
JOHNSON COUNTY
Health Risk Behaviors



2000 - 2001

Health Risk Behaviors of Johnson County 2000 - 2001

State of Kansas
Bill Graves, Governor

Kansas Department of Health and Environment
Clyde D. Graeber, Secretary

Report Preparation:
EnVisage Consulting
D. Charles Hunt, MPH, Epidemiologist, KDHE
Stephen Pickard, MD, Medical Epidemiologist, KDHE

Project Funding:
Funding for this project was provided by the Kansas Health Foundation, Wichita, Kansas. The Kansas Health Foundation is a philanthropic organization whose mission is to improve the health of all Kansans.

Kansas Department of Health and Environment
Bureau of Health Promotion

December 2001

ACKNOWLEDGMENTS

The Health Risk Studies Program of the Bureau of Health Promotion (BHP) within the Kansas Department of Health and Environment (KDHE) is part of the Department's ongoing commitment to assess lifestyle-related health risks of Kansans. The health information contained in this report will assist public health leaders in effectively targeting program interventions that decrease the risk of chronic diseases, acute illnesses, injuries, and premature death.

Special recognition is extended to the survey staff who made the Behavioral Risk Factor Survey of Johnson County possible. Their dedication and perseverance resulted in data that are highly representative of health behaviors in the Johnson County population.

Survey Director:	Survey Supervisor:	Research Analyst:
D. Charles Hunt, MPH	Monica Esquibel	Mona Arnold

A special thank you also goes to the staff of the Bureau of Health Promotion for sharing office space and equipment with interviewers, to the Johnson County Community Health Assessment Process Coalition for identifying community data needs, and to the Kansas Health Foundation for providing the financial resources needed to collect behavior risk data for the Johnson County survey. The survey staff also extend their thanks to the residents of Johnson County who participated in the survey.

The BHP welcomes comments and suggestions on the content and format of this report and on the data presented. Additional statistics not contained in this report may be available upon request. Please direct all comments, questions, and requests to:

BRFSS Coordinator
Kansas Department of Health and Environment
Bureau of Health Promotion
1000 SW Jackson, Suite 230
Topeka, Kansas 66612-1274
(785) 296-1207

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Health Status	Johnson	KS	US*
Percentage reporting that in general their health was fair or poor	7	12 [a]	14 [a]
Health Care Access			
Percentage reporting no health insurance or other health care coverage	6	11 [a]	12 [a]
Percentage unable to see a doctor due to cost during the past 12 months	7	8 [a]	10 [a]
Percentage lacking a regular health care professional	15	14 [d]	NA
Hypertension			
Percentage ever told by a health professional that they had high blood pressure	22	21 [b]	24 [b]
Cholesterol			
Percentage ever told they had high cholesterol among those who had ever had their cholesterol checked	31	27 [b]	30 [b]
Diabetes			
Percentage ever told they had diabetes (except during pregnancy only)	5	6 [a]	6 [a]
Physical Activity			
Percentage not engaging in at least 20 minutes of leisure time physical activity at least three times per week	49	67 [c]	NA
Percentage not engaging in at least 30 minutes of leisure time physical activity five times per week	75	82 [a]	78 [a]
Safety Belt Use			
Percentage who do not always use a safety belt when driving or riding in a car	22	38 [b]	31 [d]
Percentage of children 0 to 15 years not always restrained when riding in a car	8	13 [b]	15 [d]
Tobacco Use			
Percentage who currently smoke cigarettes	19	21 [a]	23 [a]
Percentage of males who use smokeless tobacco	6	10 [d]	8 [d]
Overweight			
Percentage overweight (BMI >= 27.8 for males and >=27.3 for females)	28	33 [b]	34 [b]
Percentage overweight or obese (BMI >= 25)	53	59 [a]	57 [a]
Percentage obese (BMI >= 30)	15	19 [b]	20 [b]

[a] 2000
[b] 1999
[c] 1998
[d] 1997
[e] 1996

* median prevalence
NA=Not Available

Breast and Cervical Cancer Screening	Johnson	KS	US*
Percentage of women aged 50 and older who have not had a mammogram in the past two years	14	20 [b]	25 [b]
Percentage of women aged 50 and older who have not had a clinical breast exam in the past two years	10	23 [b]	NA
Percentage of women aged 50 and over who have not had both a mammogram and a clinical breast exam in the past two years	18	29 [b]	NA
Percentage of women who have had a hysterectomy	19	24 [b]	22 [a]
Percentage of women with a uterine cervix who have not had a pap smear within the past two years	9	15 [b]	17 [b]
Adult Immunization			
Percentage ages 65 and over who have not had an influenza vaccine within the past 12 months	23	33 [b]	33 [b]
Percentage ages 65 and over who have never had a pneumonia vaccine	36	45 [b]	45 [b]
HIV			
Percentage of persons younger than 65 reporting risk of contracting HIV as “medium” or “high”	3	5 [a]	6 [a]
Activity Limitations and Quality of Life			
Percentage with a limitation in any activities due to any impairment or health problem	14	12 [b]	NA
Percentage with one or more days of the last 30 days where pain made it hard to do usual activities	21	21 [b]	NA
Percentage with 14 or more days of the last 30 days which they felt sad, blue, or depressed	7	5 [b]	NA
Percentage with 14 or more days of last 30 days which they felt worried, tense or anxious	19	12 [b]	NA
Percentage with 14 or more days of last 30 days during which they did not get enough sleep	28	22 [b]	NA
Percentage with 14 or more days of last 30 days during which they did not feel very healthy and full of energy	37	32 [b]	NA
Health of Children			
Percentage with perceived health of child “excellent” or “very good”	89	92 [d]	NA
Percentage reporting the selected child is limited in activities by an impairment or health problem	5	6 [d]	NA
Percentage reporting no health care coverage for the selected child	4	8 [d]	NA

[a] 2000
[b] 1999
[c] 1998
1997 [d]
1996 [e]

* median prevalence
NA=Not Available

Child Injury Prevention	Johnson	KS	US*
Percentage reporting having not discussed a fire escape plan with their children	83	NA	NA
Percentage reporting having a child that didn't always wear a helmet while riding a bicycle	52	70 [b]	NA
Parenting			
Percentage with children who watched two or more hours of TV on previous day	53	50 [b]	NA
Percentage of children without family rules about program/movie content, video game content, or internet use	38	33 [b]	NA
Percentage of children unsupervised after school one or more days in the last week	20	NA	NA
Mental Health			
Percentage who reported that they might have had depression during the past five years	26	NA	NA
Percentage reporting that they had been diagnosed with depression	9	NA	NA
Alcohol			
Percentage who reported having 60 or more drinks per month	6	3 [b]	4 [b]
Percentage who reported having driven when they'd had perhaps too much to drink	4	3 [b]	2 [b]
Weight Control			
Percentage reporting that they were currently trying to lose weight	47	37 [a]	38 [a]
Firearms			
Percentage reporting keeping a gun in or around the home including in garage, storage area, or motor vehicle	24	NA	NA
Percentage reporting keeping a firearm in or around the home that is both loaded and unlocked	3	NA	NA
Preventive Counseling			
Percentage who have ever had a health professional talk with them about diet or eating habits	31	21 [e]	NA
Percentage who have ever had a health professional talk with them about physical activity or exercise	41	21 [e]	NA
Percentage who have ever had a health professional talk with them about injury prevention such as safety belt use, helmet use, or smoke detectors	16	10 [e]	NA
Percentage who have ever had a health professional talk with them about their sexual practices, including family planning, STDs, AIDS, or the use of condoms	28	18 [e]	NA

[a] 2000
[b] 1999
[c] 1998
1997 [d]
1996 [e]
1995

* median prevalence
NA=Not Available

Health Care Utilization	Johnson	KS	US*
Percentage reporting fair or poor satisfaction with their health care	7	NA	NA
Percentage who rated the convenience of their regular place of health care as fair or poor	8	NA	NA
Percentage reporting that they have lost access to their doctor in the past two years due to job change, a change in health care coverage, provider moving, or owing money to their provider	13	NA	NA
Oral Health			
Percentage reporting no insurance coverage that pays for some or all of their routine dental care	27	NA	NA
Percentage reporting a need for any dental service, including fillings, dentures or partials, caps, crowns, or root canals	16	NA	NA
Percentage reporting not visiting the dentist in the past two years	13	NA	NA
Percentage reporting having lost at least one tooth because of tooth decay or gum disease	30	NA	NA
Percentage reporting having lost six or more teeth due to decay or gum disease	9	17 [b]	20 [b]

[a] 2000
[b] 1999
[c] 1998
1997 [d]
1996 [e]

* median prevalence
NA=Not Available

SURVEY CONTENT

For the complete text of each question and response frequencies, see page 57.

CORE MODULES

Health Status
- Self-perceived health

Health Care Access
- Insurance coverage
- Type of insurance
- Length of time without health insurance
- Inability to see doctor due to cost
- Source for routine care
- Time since last check-up

Hypertension Awareness
- Last blood pressure check
- Diagnosis of high blood pressure

Cholesterol Awareness
- Last blood cholesterol check
- Diagnosis of high blood cholesterol

Diabetes
- Diagnosis of diabetes mellitus

Exercise
- Frequency, duration, and type of leisure time exercise

Safety Belt Use
- Frequency of use of safety belt
- Frequency of use of safety belt by oldest child

Tobacco Use
- Current and former smoking status
- Number of cigarettes consumed
- Quitting for 1+ days during the past 12 months
- Elapsed time since quitting

Smokeless Tobacco Use
- Prior use of smokeless tobacco
- Current use of smokeless tobacco

Demographics
- Age
- Sex
- Race
- Hispanic ethnicity
- Marital status
- Ages of children in the home
- Educational attainment
- Employment
- Income
- Height and weight
- Zip code

Women's Health
- Elapsed time since last mammogram
- Reason for last mammogram
- Elapsed time since last clinical breast exam
- Reason for last clinical breast exam
- Elapsed time since last pap smear
- Reason for last pap smear
- Hysterectomy
- Current pregnancy

Immunization
- Flu shot during the last 12 months
- Lifetime pneumonia shot

HIV/AIDS
- Self-perceived risk for acquiring HIV infection
- Elapsed time since last blood test for HIV
- Reason for last blood test for HIV
- Location of last blood test for HIV
- Receipt of test results

Quality of Life
- Activity limitation
- Cause of activity limitation
- Duration of activity limitation
- Limitation in personal care
- Limitation in routine care
- Limitation due to pain and frequency of pain
- Frequency of feeling sad, blue or depressed
- Frequency of feeling worried, tense or anxious
- Frequency of insufficient sleep or rest
- Frequency of feeling very healthy and full of energy

JOHNSON-SELECTED OPTIONAL MODULES

Health of Children

- Age of the randomly-selected child
- Relationship between respondent and selected child
- Selected child's health
- Selected child limited in activities
- Length of time since selected child's last routine checkup
- Inability of selected child to see doctor due to cost
- Place for selected child's routine care
- Source of selected child's health care coverage
- Type of coverage used to pay for selected child's medical care
- Household received food stamps
- Father living in same household as selected child
- Mother living in same household as selected child

Supplementary Children's Health/Safety

- Discussed fire escape plan with children
- Child wears helmet while riding bicycle
- Parent's awareness of child's sexual activity and use of alcohol, cigarettes, illegal drugs

Parenting

- Parent who spends the most time with the selected child
- Selected child dividing time between households
- Duration of television watched by selected child
- Activities shared with selected child
- Family rules
- Where selected child goes after school
- Adult supervision after school
- Time spent in day care

Mental Health

- Help sought from family or friends
- Help sought from therapist, counselor or self-help group
- Thought they had depression
- Diagnosed with depression
- Received treatment for depression
- Person who provided treatment
- Unable to get treatment for personal or emotional problems during last 5 years
- Reason for not being able to get treatment for personal or emotional problems
- Place of choice for treatment
- From whom respondent would seek help or talk to
- Stress level

Alcohol Consumption

- Number of days in past month alcohol consumed
- Number of drinks consumed each time
- Drinking and driving - number of drinks
- Drinking and driving during the past month

Weight Control

- Currently trying to lose weight
- Trying to maintain weight
- Eating fewer calories, less fat
- Use of physical activity
- Ideal weight
- Advice about weight

Health Care Coverage

- Reason for being without health care coverage
- Reason for not receiving health care needed
- Other types of health care coverage

Firearms

- Presence of firearms around home
- Reason for keeping firearms
- Keeping of firearms loaded and unlocked
- Carrying of loaded firearm

Preventive Counseling

- Elapsed time since received counseling from health professional on diet or eating habits
- Elapsed time since received counseling from health professional on physical activity
- Elapsed time since received counseling from health professional on injury prevention
- Elapsed time since received counseling from health professional on drug abuse
- Elapsed time since received counseling from health professional on alcohol use
- Elapsed time since health professional advised to quit smoking (smokers)
- Elapsed time since health professional discussed reproductive health issues

Health Care Utilization

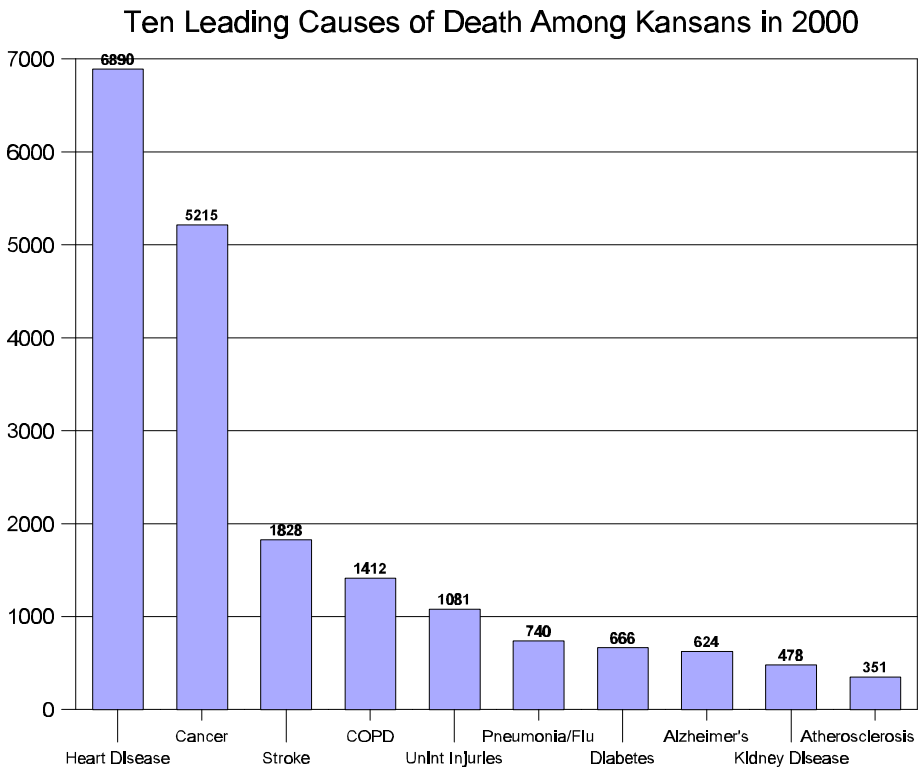
- Satisfaction with overall health care
- Usual place for care when sick or in need of advice
- Reason for no usual source of medical care
- Place visited most often when in need of health care
- Convenience of health care location
- Elapsed time since last change of doctors
- Reason for change of doctors
- Transportation preventing doctor visit

Oral Health

- Elapsed time since last visit to dentist for routine check-up
- Main reason for not visiting dentist in past year
- Number of permanent teeth removed because of decay or gum disease
- Dental health care coverage
- Currently in need of dental services

INTRODUCTION

Approximately half of all deaths in the United States can be attributed to just nine factors: tobacco, diet/activity patterns, alcohol, microbial agents, toxic agents, firearms, sexual behavior, motor vehicles, and illicit use of drugs.[1] Consequently, making substantial improvements in health outcomes (illness, death, injury, and disability) requires improving health behaviors. Community efforts to improve health depend on measurement of both health outcomes and health behaviors to effectively design and measure the impact of local health intervention efforts.



Health outcomes can be measured in medical records and vital records, such as birth certificates and death certificates, but measuring the behaviors that have such a profound impact on health requires either observing what people do or asking them what they do. Structured interviewing (i.e., surveying) of large numbers of individuals randomly selected from the population (sampling) has been the most commonly employed and most economical method for measuring behavior.

While national prevalence estimates of health risk behaviors had been available prior to the early 1980's through studies conducted by the National Center for Health Statistics (e.g., National Health and Nutrition Examination Surveys; National Health Interview Survey), these data were not available at the state level. It was recognized that national data may not be applicable to any given state, yet state health agencies have the primary role of targeting resources to reduce behavioral risks and their consequent health outcomes. As telephone survey methodology was gaining wide acceptance as a valid way of measuring health risk behaviors in populations, the Behavioral Risk Factor Surveillance System (BRFSS) was established in 1984 by the Centers for Disease Control and Prevention to provide such state-level data on behavioral health risks and preventive health practices.

The Behavioral Risk Factor Surveillance System, which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously-conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas has conducted the BRFSS survey annually since 1992. Beginning in 1998, the Kansas Health Foundation funded a project to use a modification of the BRFSS to collect community level data in twelve local areas around Kansas. This document summarizes results from Johnson County.

To give perspective to Johnson County results, we have included selected Healthy Kansans 2000 objectives for comparison. Healthy Kansans 2000 was a process similar to Healthy People 2000 which set health objectives for the state and provided baseline data against which to measure progress achieving the objectives. Many of the objectives in Healthy Kansans can be measured by the BRFSS. The table below lists the objectives from Healthy Kansans 2000 which can be measured using BRFSS data and provides the measures for each objective for Johnson County and Kansas as well as the target Kansas objective.

Selected Healthy Kansans 2000 Objectives	Johnson 2000 Percent	Kansas Percent	Healthy Kansans 2000 Objective
Health Care Access*			
Increase the proportion of adults with health care coverage	94	89 [a]	92
Reduce the proportion of adults not seeking health care due to cost	7	8 [a]	6
Increase the proportion of adults who have a specific source of primary care for their ongoing preventive and episodic health care	85	86 [d]	95
Increase the proportion of adults who have had their cholesterol checked in the past five years	76	69 [b]	75
Physical Activity*			
Increase the proportion of adults aged 18 and older engaging in regular physical activity at least 5 times a week for at least 30 minutes	25	18 [a]	40
Decrease the proportion of adults aged 18 and older engaging in no leisure time physical activity	23	30 [a]	15
Unintentional Injuries and Violence*			
Increase the proportion of adults aged 18 and older who report always wearing their safety belt	78	62 [b]	70
Increase the proportion of youth aged 0 through 4 who always ride in a safety seat	99	97 [b]	95
Tobacco*			
Decrease the prevalence of current smoking among adults aged 18 and older	19	21 [a]	15
Decrease the prevalence of smokeless tobacco use by males aged 18 and older	6	10 [d]	4
Nutrition*			
Decrease the proportion of adults aged 18 and older who are overweight (body mass index >=27.8 for males; >=27.3 for females)	28	33 [b]	20

Selected Healthy Kansans 2000 Objectives	Johnson 2000 Percent	Kansas Percent	Healthy Kansans 2000 Objective
Cancer*			
Increase the proportion of women aged 50 and older who have received a mammogram within the last 2 years	86	80 [b]	60
Increase the proportion of women aged 18 and older without a prior hysterectomy who have ever received a Pap test	98	95 [b]	98
Increase the proportion of women aged 18 and older without a prior hysterectomy who have received a Pap test in the past 2 years	91	85 [b]	90
Infectious Diseases and Immunizations*			
Increase the proportion of non-institutionalized adults who have been vaccinated for influenza the past 12 months	56	67 [b]	80
Increase the proportion of non-institutionalized adults who have ever been vaccinated for pneumonia	71	55 [b]	80

* Subtitles correspond to Healthy Kansans 2000 health issues and disease risk factors rather than BRFSS survey sections.

[a] 2000
[b] 1999
[c] 1998
[d] 1997

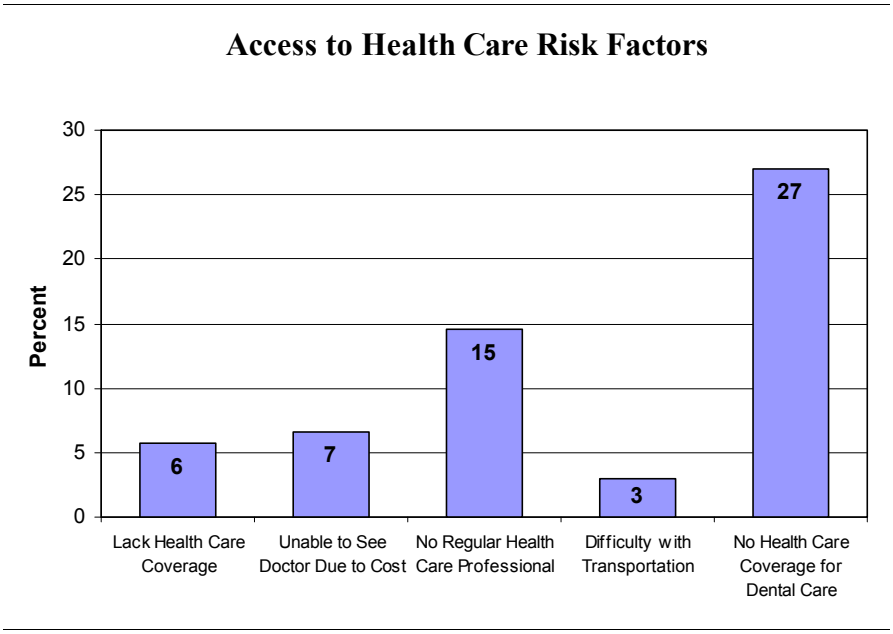
Reference

[1]McGinnis, J.M. & Foege, W.H. (1993). Actual causes of death in the United States. Journal of the American Medical Association, 270, 2207-2212.

Lacked Health Care Coverage: *Respondents reporting that they lacked any form of health care coverage, including health insurance, Health Maintenance Organizations (HMO), Medicare, Medicaid, or military insurance plans.*

Unable to See a Doctor Due to Cost: *Respondents reporting that they were unable to see a doctor due to the cost during the past twelve months.*

Lacked Regular Health Care Professional: *Respondents reporting that they did not have at least one doctor or health professional that they saw for their routine medical care.*



Difficulty with Transportation: *Respondents reporting that difficulty with transportation sometimes prevented them from seeing a doctor.*

No Health Care Coverage for Dental Care: *Respondents reporting that they lacked dental health care coverage.*

HEALTH CARE ACCESS AND UTILIZATION

Background

***Access**: Timely use of personal health services to achieve the best possible health outcomes.*

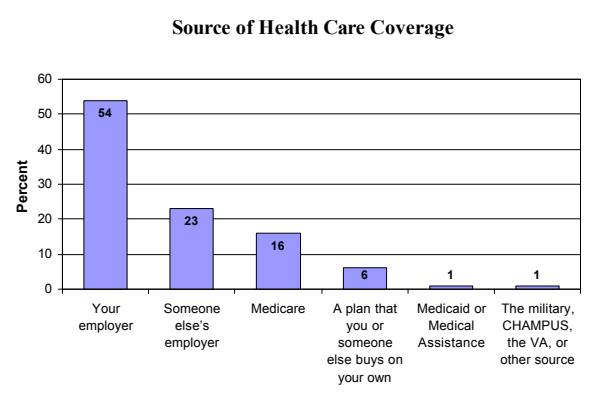
In its study of access to health care in America, the Institute of Medicine (IOM) panel defined access as the timely use of personal health services to achieve the best possible health outcomes. The panel suggested that the test of equity of access involved determining whether or not there were systematic differences in use and outcomes among different groups, and, if so, identifying whether or not there were barriers that supported a differential access to care. In addition to the poor, other populations identified as potentially having reduced access to care included racial and ethnic minorities, rural residents and persons with a disability.

Five risk factors:
- *Lack of health care coverage (i.e., insurance)*
- *Unable to see a doctor due to cost*
- *No regular health care provider*
- *Difficulty with transportation*
- *No health care coverage for dental care*

The percentage of the population with health insurance is one measure of access to care; however, even those persons who have insurance may have only hospitalization coverage, may have high deductibles, or may be unable to afford medications prescribed. A second indicator, being unable to see a doctor due to cost, attempts to measure provider visits actually foregone due to financial access barriers. Usual source of care is measured by the third indicator. Having a usual source of provider care appears to influence health care seeking behavior and has been shown to increase the likelihood that a person will access preventive care services. Difficulty with transportation - a measure of physically having access to a place of care - is given as a fourth indicator. Finally, lack of health care coverage for dental care is given as an indicator of access to oral health care.

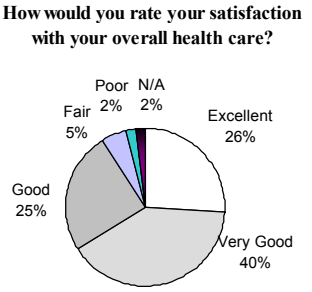
Source of Coverage

Among those with health care coverage, an employer was the most common source of coverage; 77% have coverage through their employer or someone else's employer. Medicare was also a common source of coverage (16% of the respondents). Relatively few of the respondents (6%) reported coverage through a plan they or someone else bought on their own.



Satisfaction

The majority of Johnson County respondents (66%) rated their satisfaction with their overall health care as excellent or very good.



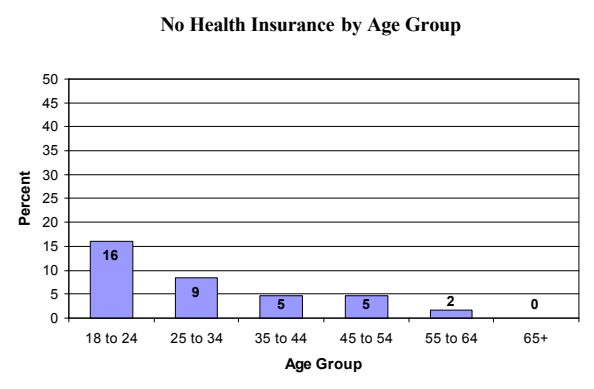
N.A.: Not Applicable/Don't Use any Health Services

Lack of Health Care Coverage

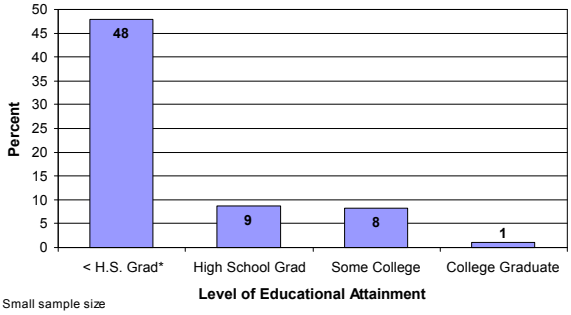
Six percent of Johnson County respondents reported not having insurance at the time of the survey; this is less than 11% reporting no health care coverage for Kansas (2000). Ten percent of Johnson County respondents reported being without health care coverage at some time during the past year (including those without insurance at the time of the survey).

Who?

In general, rates of non-coverage decreased with increasing age, income, and educational attainment. Highest rates of non-coverage were found among respondents aged 18 to 24, respondents with less than a high school education, and respondents living in households with incomes less than $35,000.

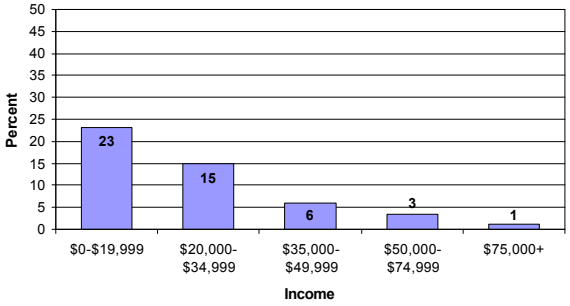


No Health Insurance by Educational Attainment



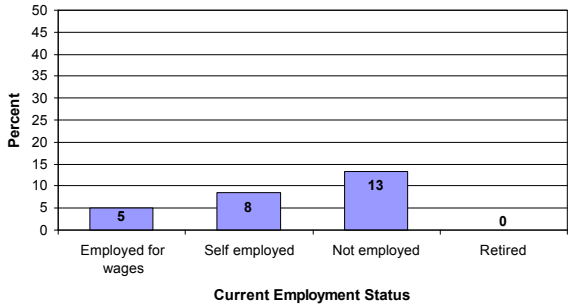
* Small sample size

No Health Insurance by Income Level

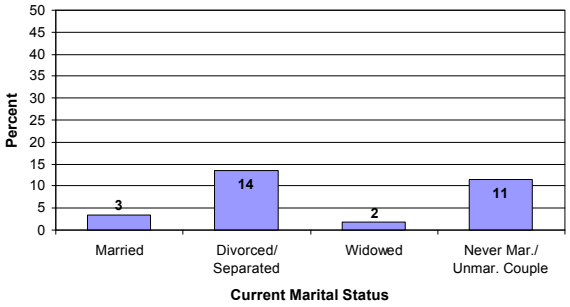


Comparing the employment status of respondents, those not currently employed (including students and homemakers) had higher levels of non-coverage. Viewing the results by marital status also shows disparities: respondents who were divorced/ separated or never married/part of an unmarried couple were more likely to be without health care coverage than married or widowed respondents.

No Health Insurance by Employment Status

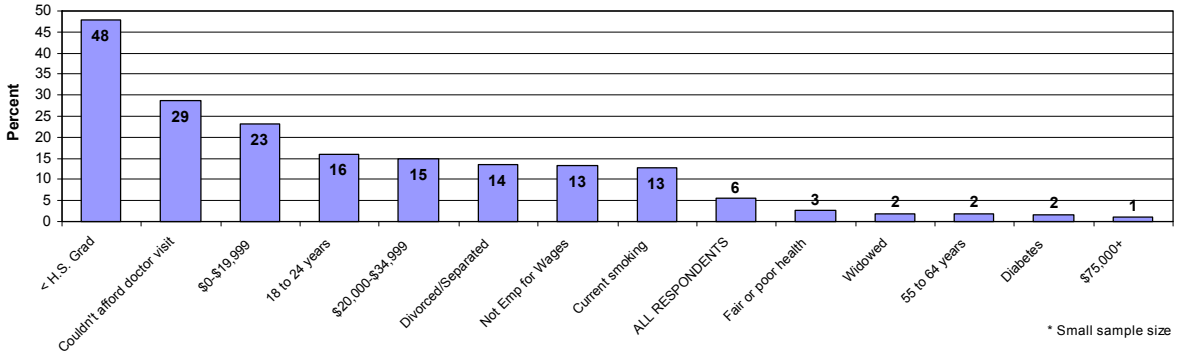


No Health Insurance by Marital Status



Other risk factors which appeared to be associated with not having health care coverage include being unable to afford a doctor visit and current smoking.

No Health Insurance by Selected Population Subgroups



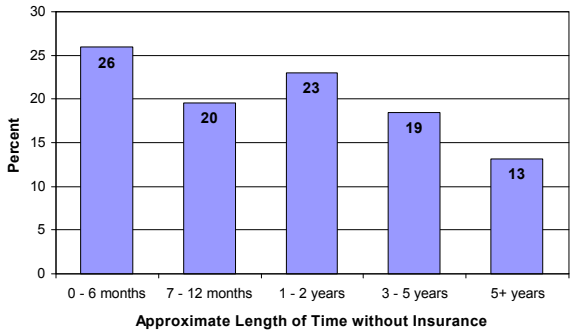
* Small sample size

Selected Subgroups with HIGHER Rates **Selected Subgroups with LOWER Rates**

For How Long?

For a majority without health insurance at the time of the survey, the problem was of relatively long duration; 55% reported being uninsured for more than a year. Twenty-six percent reported having lost their insurance only within the past six months.

How Long Without Insurance?

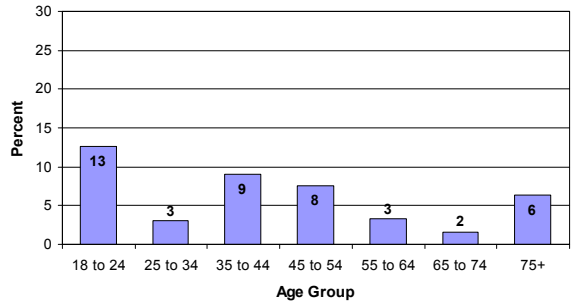


Unable to See a Doctor Due to Cost

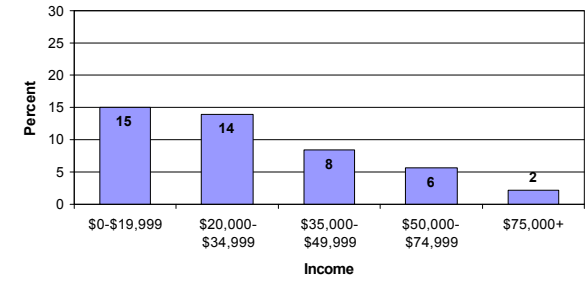
Seven percent of respondents reported that they needed to see a doctor sometime in the past 12 months, but were unable to because of cost. This is similar to 8% of respondents statewide in 2000.

Percent unable to see a doctor due to cost varied across age groups with the highest percentage at risk observed among respondents aged 18 to 24. Risk decreased with increasing levels of household income and educational attainment.

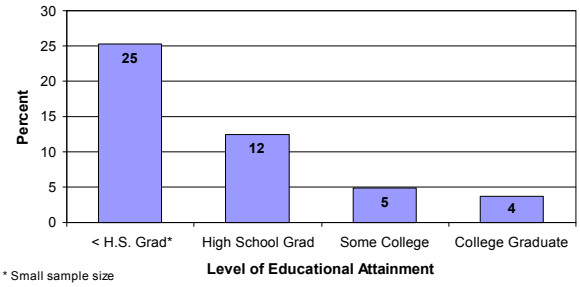
Unable to See Doctor Due to Cost by Age Group



Unable to See Doctor Due to Cost by Income Level



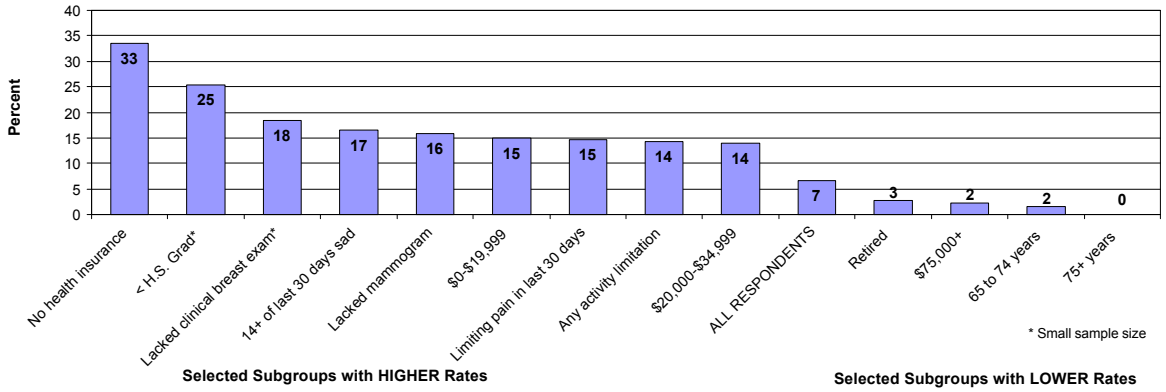
Unable to See Doctor Due to Cost by Educational Attainment



* Small sample size

Thirty-three percent of respondents without health insurance needed to see a doctor in the past 12 months, but were unable to because of cost. Also, compared to all respondents, those without recent breast cancer screens were more than twice as likely to be at risk (18% of those lacking recent clinical breast exam and 16% of those lacking a recent mammogram compared to 7% of all respondents).

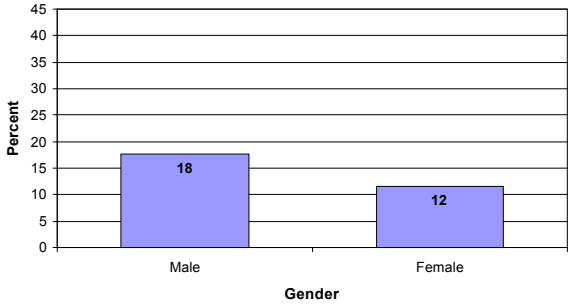
Unable to See Doctor Due to Cost by Selected Population Subgroups



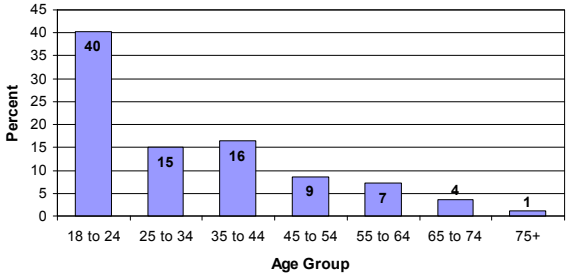
No Regular Health Care Professional

Fifteen percent of Johnson County respondents reported that they did not have a particular doctor or health professional to whom they usually went for routine medical care. This was comparable to the statewide percentage of 14% reported in 1997. Males appeared to be slightly more likely than females to be at risk. Younger respondents, particularly those aged 18 to 24 years, were also more likely to not have a regular health care professional.

No Regular Health Care Professional by Gender

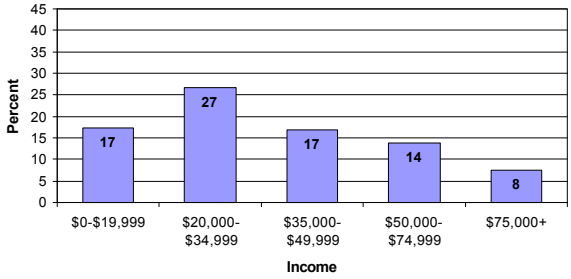


No Regular Health Care Professional by Age Group

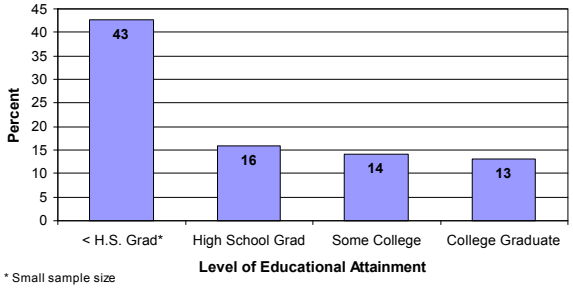


At risk for not having a regular health care professional varied by income, with those in the highest income group least at-risk. Comparing levels of educational attainment, respondents with less than a high school education had the greatest risk, although this percentage was based on a small sample size.

No Regular Health Care Professional by Income Level

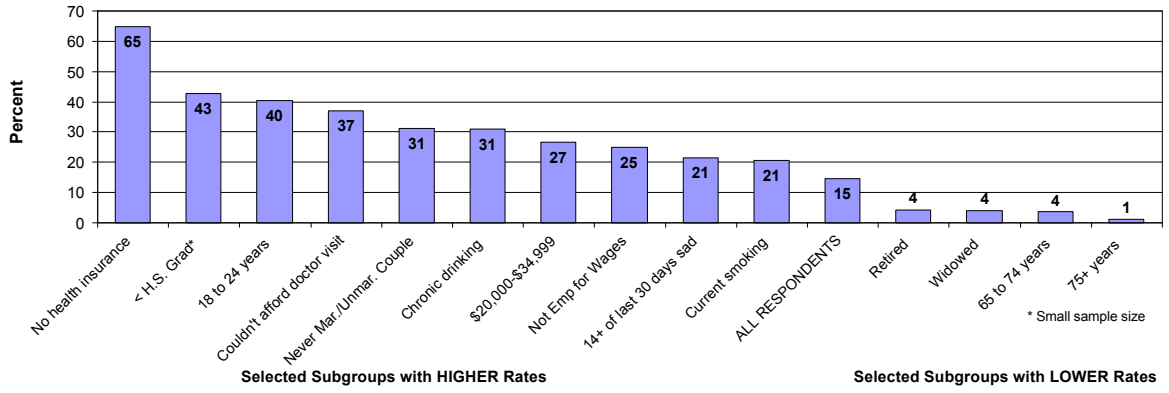


No Regular Health Care Professional by Education

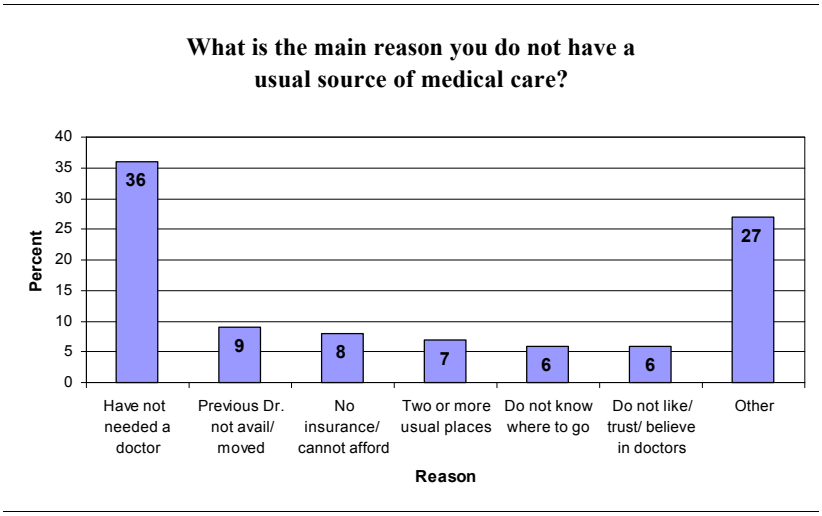


Sixty-five percent of respondents without health care coverage did not have a regular health care professional. Other respondents with higher-than-average observed risk included those who were unable to see a doctor due to cost, never married/part of an unmarried couple, not currently employed, and at risk for chronic drinking.

No Regular Health Care Professional by Selected Population Subgroups



The main reason given by respondents for not having one usual health care professional was not having needed a doctor (36%).



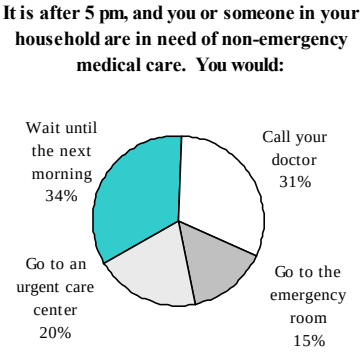
Difficulty with Transportation

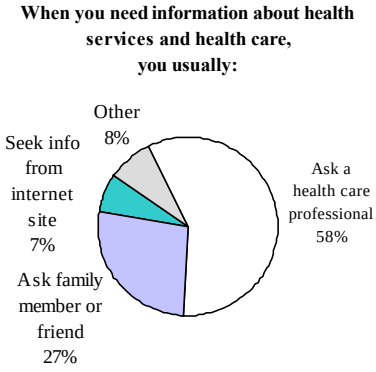
Three percent of respondents reported that difficulty with transportation had sometimes prevented them from seeing a doctor. Applying this percentage to the adult population of Johnson County, an estimated 9,000 people ages 18 and older may be at risk for difficulties with transportation preventing them from visiting a doctor.

The numbers for this risk factor were too small to report reliable estimates by demographic groups.

Health Care Utilization

If someone in the household needed non-emergency medical care after 5 p.m., 34% of respondents indicated they would wait until the next morning while 31% would call their doctor. Thirty-five percent would try to obtain treatment that night: 20% through an urgent care center and 15% through the emergency room.



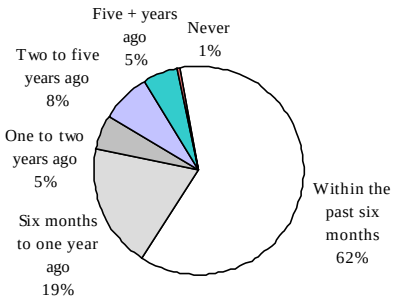


When needing information about health services and health care, the majority of respondents (58%) reported that they ask a health care professional. Another common response (27%) was "ask a family member or friend."

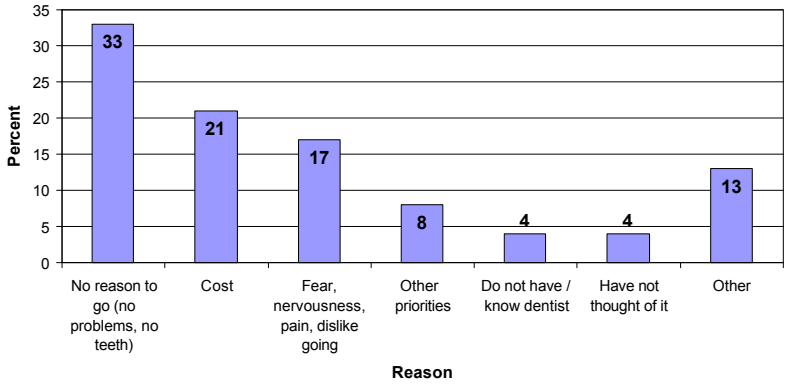
Oral Health

The majority (62%) of respondents reported having visited the dentist within the past six months. Nineteen percent reported not having visited the dentist for a routine check-up in the past year. "No reason to go" was the most common reason (33%) for not having visited the dentist in the past year. Other common responses were cost (21%) and fear or apprehension (17%).

How long has it been since you last visited a dentist for a routine check?



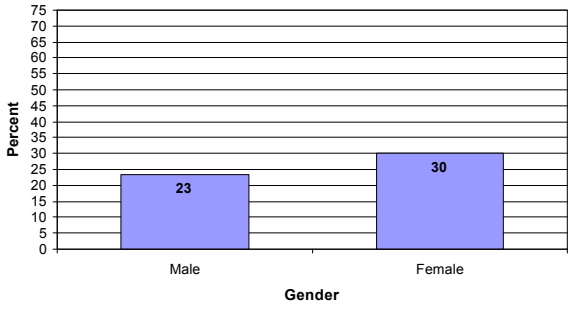
What is the main reason you have not visited the dentist in the last year?



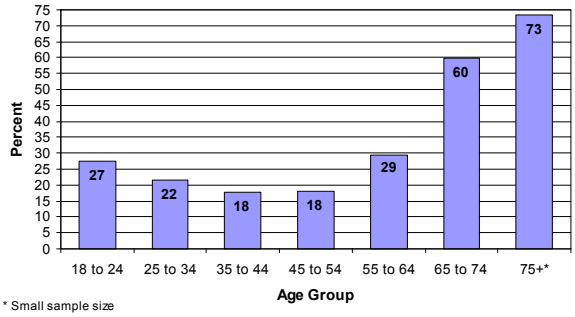
No Health Care Coverage for Dental Care

Twenty-seven percent of Johnson County respondents have no dental health care coverage which pays for some or all of their routine dental care. More females than males reported not having dental insurance (30% versus 23%), and risk for non-coverage varied across age groups with greatest risk observed among senior citizens.

No Dental Health Care Coverage by Gender



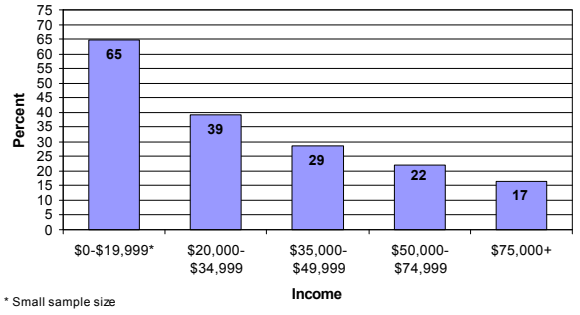
No Dental Health Care Coverage by Age Group



* Small sample size

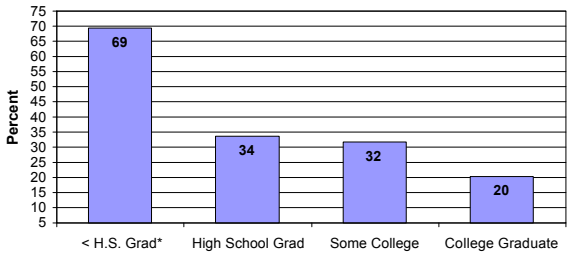
Risk for no dental care coverage decreased with increasing household income and level of educational attainment.

No Dental Health Care Coverage by Income Level



* Small sample size

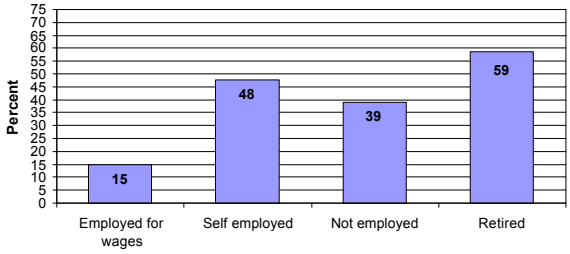
No Dental Health Care Coverage by Educational Attainment



* Small sample size

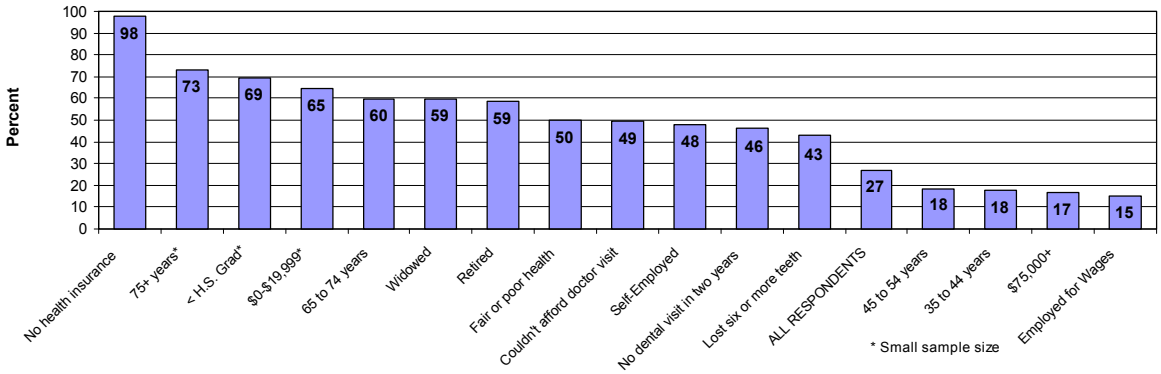
Looking at Johnson County respondents by employment status, the self-employed, not currently employed, and retired were at a higher risk than those employed for wages.

No Dental Health Care Coverage by Employment Status



Nearly all of those respondents without health care coverage (98%) were also without dental care coverage. Half of those in fair or poor general health did not have dental health care coverage. Nearly half (46%) of those reporting no routine dental care visit in the past two years did not have dental coverage.

No Dental Health Care Coverage by Selected Population Subgroups



References

U.S. Department of Health and Human Services. (1998). Access to quality health services. In Healthy people 2010 objectives: draft for public comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Institute of Medicine. (1983) . Access to health care in America. Millman, M. (ed.). Washington, DC: National Academy Press.

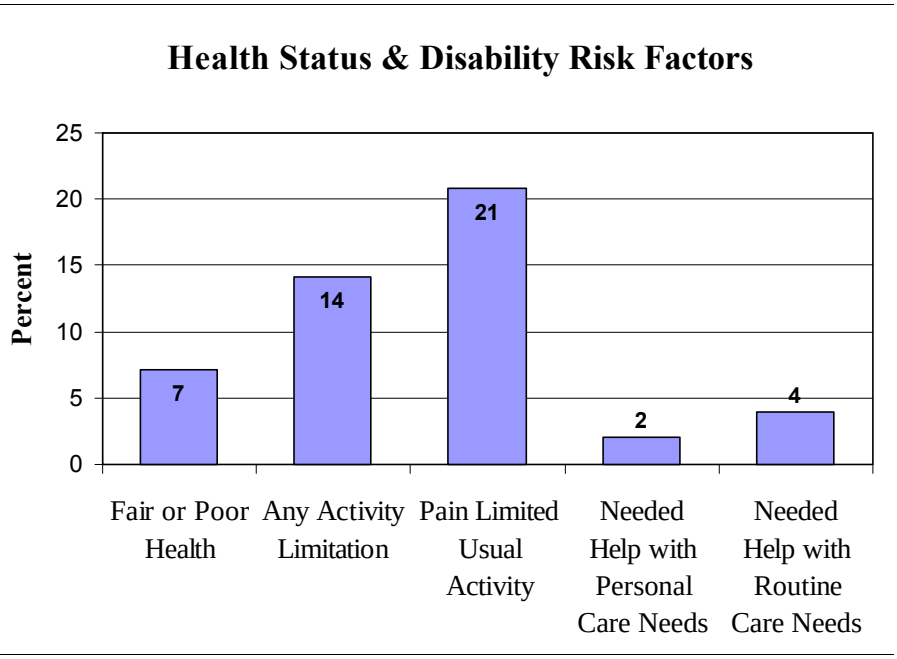
Health and Human Services. (2000) . The initiative to eliminate racial and ethnic disparities in health. Available at http://raceandhealth.hhs.gov.

Fair or Poor Health: *Respondents who reported their health in general as "fair" or "poor".*

Any Activity Limitation: *Respondents who reported that they had any limitation in any activities due to any impairment or health problem.*

Pain Limited Usual Activity: *Respondents who reported one or more days in the past 30 where they had pain that limited their activity.*

Needed Help With Personal Care Needs: *Respondents who reported that they need the help of other persons in handling personal care needs, such as eating, bathing, dressing, or getting around the house.*



Needed Help With Routine Care Needs: *Respondents who reported that they need the help of other persons in handling routine needs, such as everyday household chores, shopping, and doing necessary business.*

HEALTH STATUS AND DISABILITY

Background

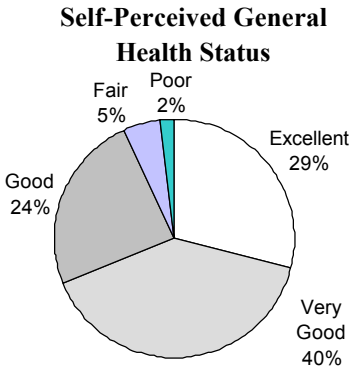
Activity limitation refers to a person's inability to perform activities such as, but not limited to, work, school, recreation, or various activities of daily living such as eating, dressing, cleaning, or shopping.

More than 54 million Americans experience some limitation in their activities as a result of an acute or chronic health problem. Activity limitation refers to a person's inability to perform activities such as, but not limited to, work, school, recreation, or various activities of daily living such as eating, dressing, cleaning, or shopping. The prevalence of activity limitations or disability will likely increase by about 50% by the year 2010 due to improved survival of persons with chronic health problems and increased numbers of persons over age 65.[1] Because disabilities are long-term impairments caused by injuries, congenital anomalies, and chronic diseases, preventing injuries, congenital anomalies and chronic diseases should be the first priority of community health improvement efforts. Preventing the complications of chronic impairments and improving the functional capabilities and quality of life of persons with disabilities offers substantial health benefits to community members.

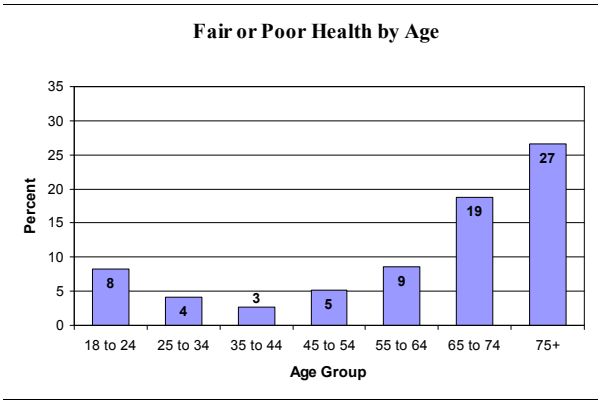
The five risk factors chosen as indicators of health status and disability are (1) self-reported "fair" or "poor" health status, (2) any activity limitation, (3) pain limited usual activity one or more of the past 30 days, (4) needed help with personal care, and (5) needed help with routine care. Persons with severe routine and personal care limitations are at greater risk of being institutionalized, especially when there is an absence of a spouse or other family member to help with health and maintenance needs.

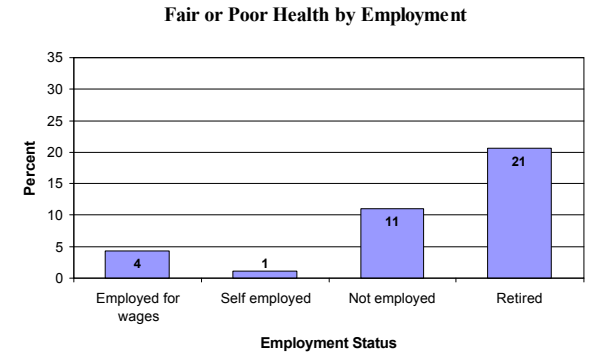
Fair or Poor Health Status

Seven percent of respondents reported their health in general as "fair" or "poor", a little more than half the 2000 statewide statistic of 12%. Over two-thirds (69%) reported their health in general as "very good" or "excellent".

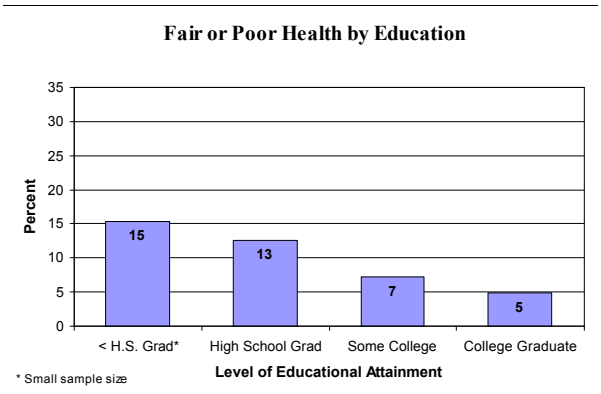


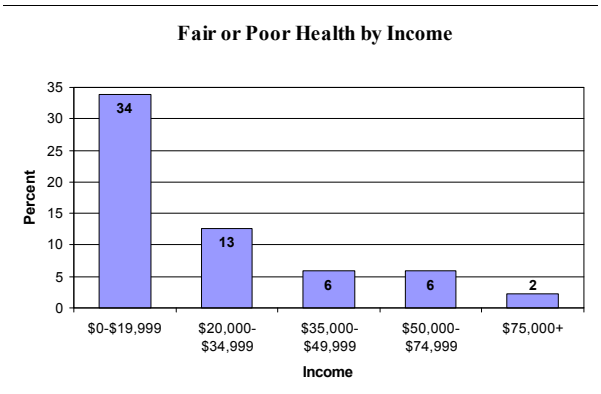
The percentage of respondents reporting their general health as "fair" or "poor" tended to increase with age, with persons aged 75 and older having the highest risk. Looking at employment status, self-employed respondents had the lowest observed percentage of "fair" or "poor" health. Retired respondents had the highest risk percentage, probably due to the age of these respondents.





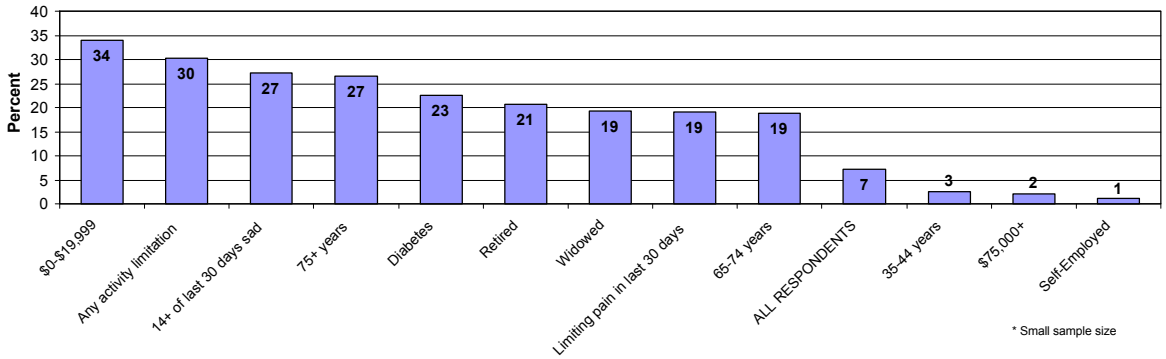
Risk for fair or poor health was higher among respondents with lower levels of educational attainment and lower household income.





Higher-than-average proportions of fair or poor health were also observed among persons who reported an activity limitation, having been sad/blue/depressed 14 or more of the past 30 days, and having diabetes.

Fair or Poor Health by Population Subgroups

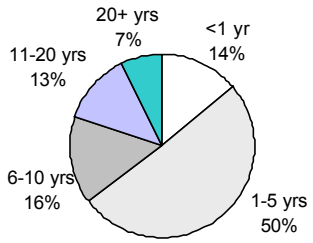


Selected Subgroups with HIGHER Rates **Selected Subgroups with LOWER Rates**

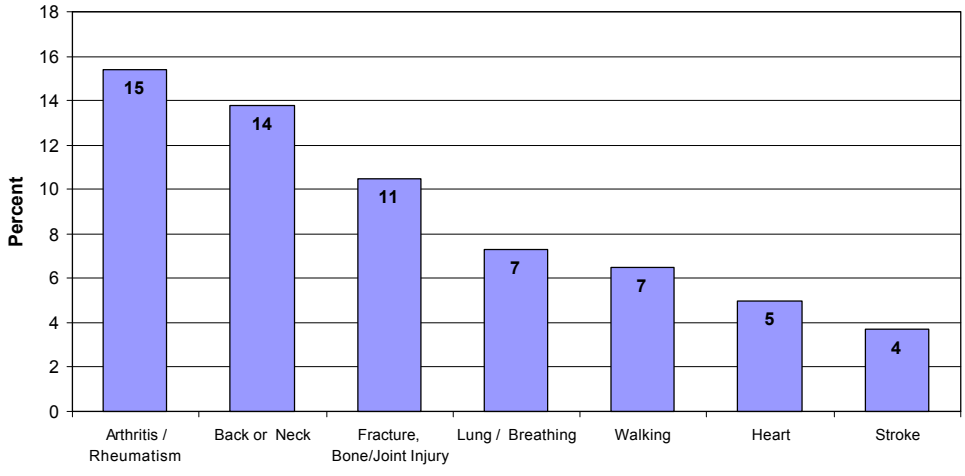
Any Activity Limitation

Fourteen percent of respondents reported a limitation due to an impairment or health problem. This is slightly higher than the 12% observed statewide in 1999. Eighty-six percent of those with limitations have had them for at least one year. The top three problems (40% of respondents with impairments) were related to bones, joints, or connective tissue: arthritis/rheumatism; back or neck problem; and fractures, bone/joint injury.

For how long have your activities been limited because of your major impairment or health problem?



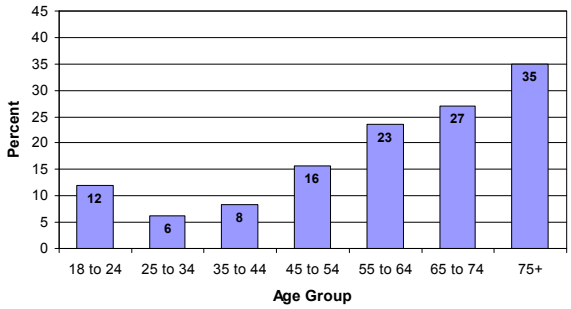
What is the major impairment or health problem that limits your activities?



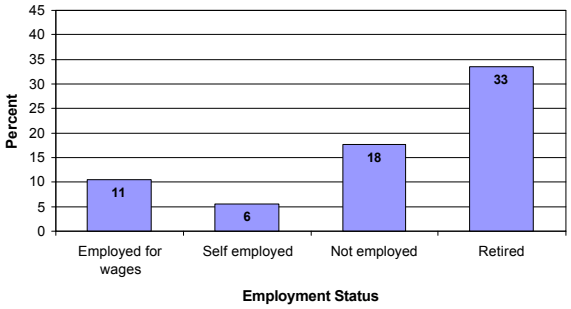
Who?

The risk for an activity limitation generally increased with age. Comparing employment categories, retired respondents were most likely to have an activity limitation and self-employed respondents were least likely to be at-risk.

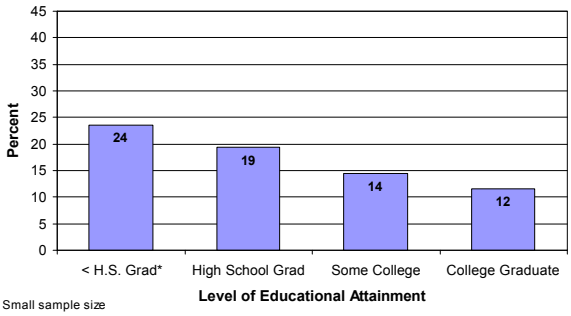
Any Activity Limitation by Age



Any Activity Limitation by Employment

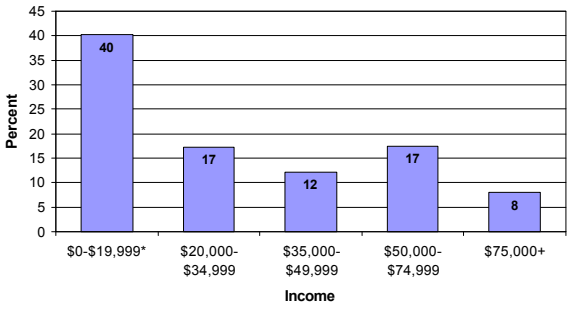


Any Activity Limitation by Education



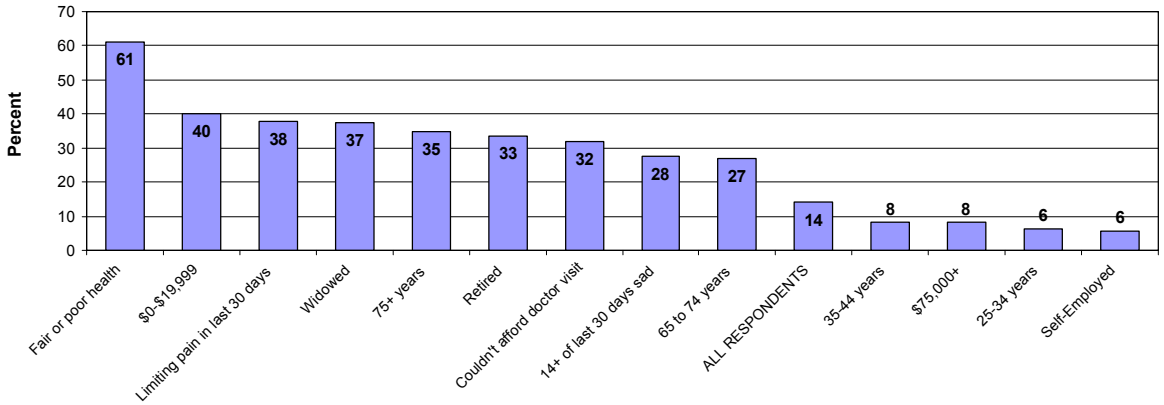
* Small sample size

Any Activity Limitation by Income



Risk for activity limitation generally decreased with increasing educational attainment and household income. Sixty-one percent of respondents in fair or poor health reported also having an activity limitation. Risk for an activity limitation was more than double that of the general population for respondents reporting one or more days of limiting pain in the last 30 days, not being able to see a doctor due to cost, and having been sad/blue/depressed 14 or more of the past 30 days.

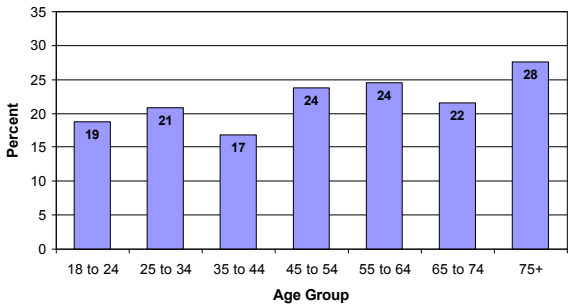
Any Activity Limitation by Population Subgroups



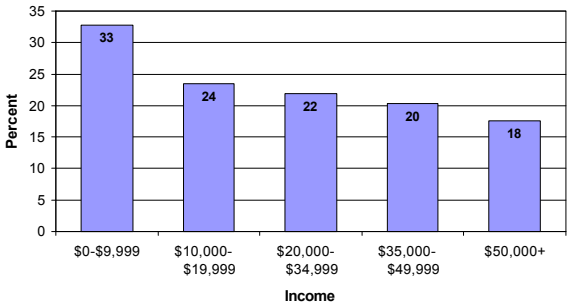
Pain Limited Usual Activity

Twenty-one percent of respondents reported having one or more days in the past month where pain limited their usual activities, such as self-care, work, or recreation, which is exactly the same as the percentage reported statewide in 1999. Observed risk for limiting pain varied by age group and decreased with increasing income.

Pain Limited Usual Activity by Age

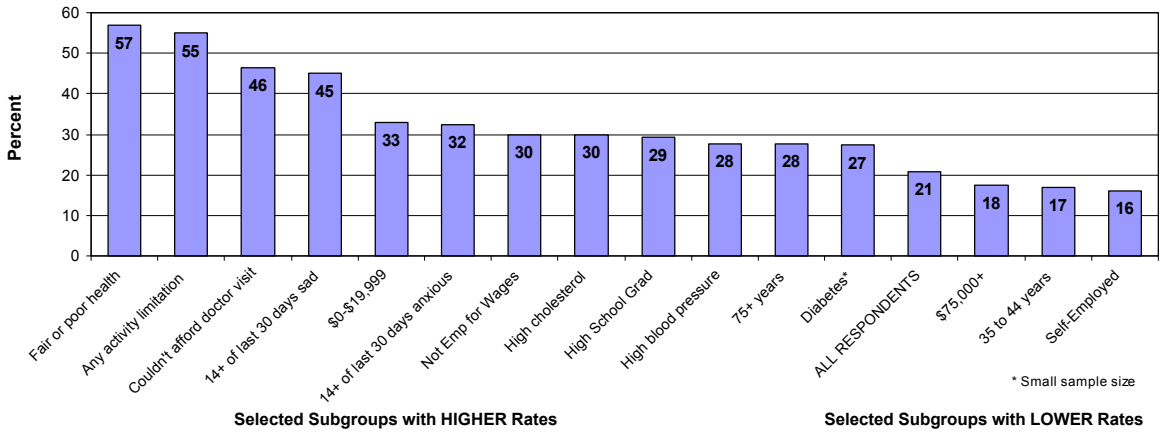


Pain Limited Usual Activity by Income



Fifty-seven percent of those reporting their health as fair or poor and 55% of those reporting an activity limitation also reported that pain had limited their usual activities one or more days during the past month. Other groups which appeared to be at a higher-than-average risk included those who could not afford a doctor visit in the past year, those reporting having been sad/blue/depressed for 14 or more of the past 30 days, and those reporting having been anxious/tense/worried for 14 or more of the past 30 days.

Pain Limited Usual Activity by Population Subgroups



Personal and Routine Care Limitations

Two percent of respondents reported that they needed help with personal care needs (such as eating, bathing, dressing, or getting around the house) due to an impairment or health problem. Four percent of respondents reported that they needed help with routine needs (such as everyday household chores, doing necessary business, shopping or getting around for other purposes) due to an impairment or health problem. However, sample sizes for both of these risk factors were too small to support estimates by demographic stratifications.

Reference

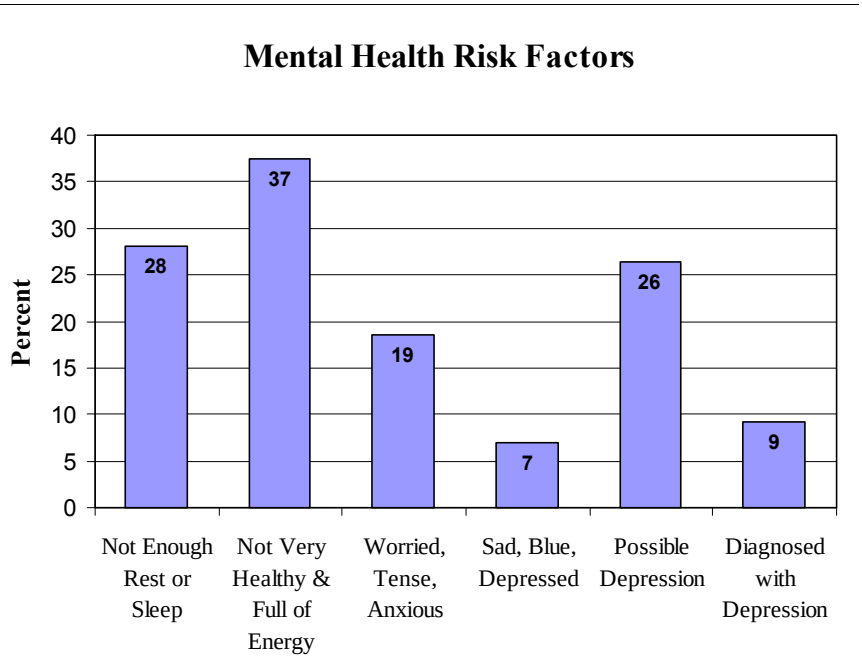
[1] Centers for Disease Control and Prevention. (1999). Disability and Health Branch [On-line]. Available: http://www.cdc.gov/nceh/programs/cddh/dh/scabout.htm

Not Enough Rest or Sleep: *Respondents reporting they did not get enough rest or sleep for 14 or more of the past 30 days.*

Not Very Healthy and Full of Energy: *Respondents reporting they did not feel very healthy and full of energy for 14 or more of the past 30 days.*

Worried, Tense, or Anxious: *Respondents reporting they felt worried, tense, or anxious for 14 or more of the past 30 days.*

Sad, Blue, or Depressed: *Respondents reporting they felt sad, blue, or depressed for 14 or more of the past 30 days.*



Possible Depression: *Respondents reporting that they might have had depression in the past five years.*

Diagnosed with Depression: *Respondents reporting that they had been diagnosed with depression in the past five years.*

MENTAL HEALTH AND QUALITY OF LIFE

Background

Estimates indicate that one in seven women and one in thirteen men will be affected by depression at some point in their life.

Mental health is the successful performance of mental function which results in a productive and fulfilling life from childhood through late life. Mental illness refers collectively to all mental disorders which are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) and which are associated with distress or impaired functioning.[1] Mental disorders include illness such as depression, anxiety disorders, and schizophrenic disorders. The mental health module of the Johnson County survey focused on depression, one of the most common and treatable mental illnesses. Depression is characterized by prolonged and unrelenting sadness, loss of interest in activities, fatigue, changes in eating or sleeping patterns, feelings of worthlessness, impaired concentration, and thoughts of death or suicide; however, not all these symptoms must be present for a person to be diagnosed with depression. Because the most common symptoms of depression (sadness, fatigue, appetite change, and sleep change) can be associated with situational alterations in mental health such as grief or stress, persons with depression do not always recognize their symptoms as evidence of a health condition which needs treatment by a professional. Although not usually thought of as fatal, depression is a typical precedent of suicide and has been associated with reduced survival time among persons with a variety of chronic diseases. Its high prevalence, morbidity, under-diagnosis, and good response to treatment make depression an important target for community and professional intervention.

More people are affected by mental illness than is commonly thought. An estimated one in seven women and one in thirteen men will be affected by depression at some point in their life, while anxiety disorders, including panic disorders, posttraumatic stress disorder, obsessive compulsive disorder and phobias, affect an estimated 16 million Americans.[2]

Four of the ten leading causes of disability for persons age 5 and older are mental disorders.

Mental illness has a large impact on health. The 1999 Surgeon General's report on mental health highlights findings from the *Global Burden of Disease* study which shows that four of the ten leading causes of disability for persons 5 years of age and older are mental disorders.[1] The report also notes that together all mental illnesses are the second leading cause of disability-adjusted life years next to all cardiovascular conditions. (Disability-adjusted years are years of life lost to premature death and years lived with a disability of specified severity and duration). The report states that the impact of mental illness on health and productivity is markedly under-recognized.

Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help.

Anxiety disorders and depression are the most common mental illnesses in the United States.[3] Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help, with only one in four receiving help from a mental health professional.[2] For people who do seek help, most first seek help from a family physician. As such, the National Institute of Mental Health (NIMH) is partnering with the American Academy of Family Physicians in a year-long program to educate physicians so that their patients can benefit from new research on mental illness. In addition, NIMH is conducting Anxiety Disorders and Depression Education Programs to inform the public and health care providers about new treatments available, and to reduce associated stigma so that people feel free to seek treatment.[4]

Six risk factors:
- *Did not get enough rest or sleep*
- *Not very healthy and full of energy*
- *Worried, tense, or anxious*
- *Sad, blue, or depressed*
- *Possible depression*
- *Diagnosed with depression*

The measurement of quality of life is an area of intensive research. The complexity of the factors which contribute to physical, mental, emotional, and spiritual well-being is such that no optimal set of indicators exists to describe quality of life.

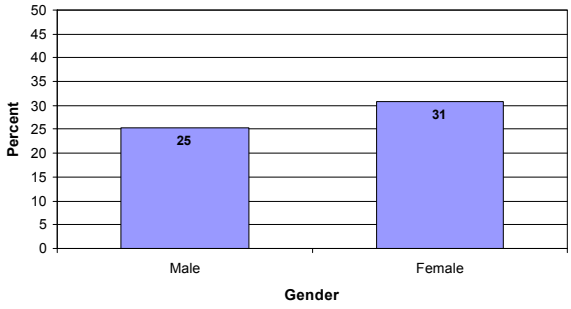
Johnson County data was sufficient to use six risk factors to assess quality of life and mental health:

(1) Respondents who felt they did not get enough rest or sleep for 14 or more of the last 30 days.
(2) Respondents who did not feel very healthy and full of energy for 14 or more of the last 30 days.
(3) Respondents who felt they were worried, tense, or anxious for 14 or more of the last 30 days.
(4) Respondents who felt they were sad, blue, or depressed for 14 or more of the last 30 days.
(5) Respondents who thought that they might have had depression in the past five years.
(6) Respondents who had been diagnosed with depression in the past five years.

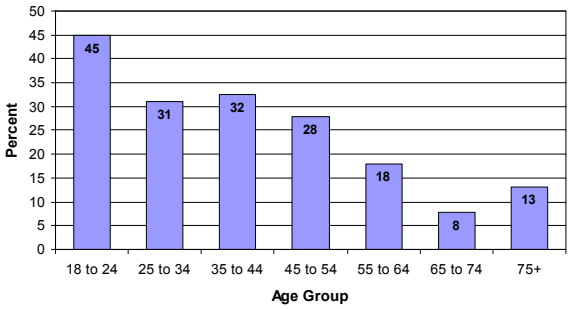
Not Enough Rest or Sleep

Twenty-eight percent of respondents reported not getting enough rest or sleep for 14 or more of the past 30 days. This is slightly higher than the 22% reported statewide in 1999. A slightly higher percentage of females than males reported not getting enough rest or sleep for 14 or more of the past 30 days (31% versus 25%). Younger respondents were more likely than older respondents to be at risk, with 45% of respondents aged 18 to 24 not getting enough rest or sleep 14 or more of the past 30 days.

Not Enough Rest or Sleep by Gender

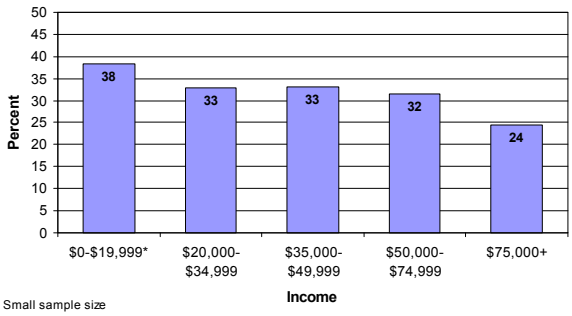


Not Enough Rest or Sleep by Age



Risk for not enough rest or sleep appeared to decrease slightly with household income of the respondent.

Not Enough Rest or Sleep by Income

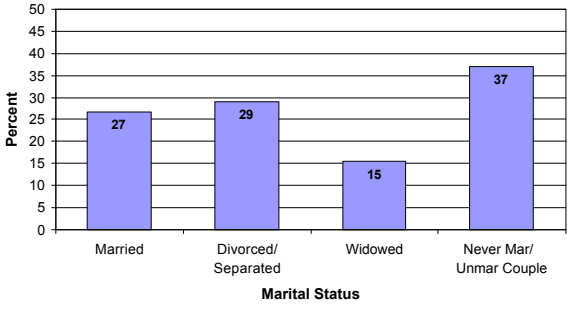


* Small sample size

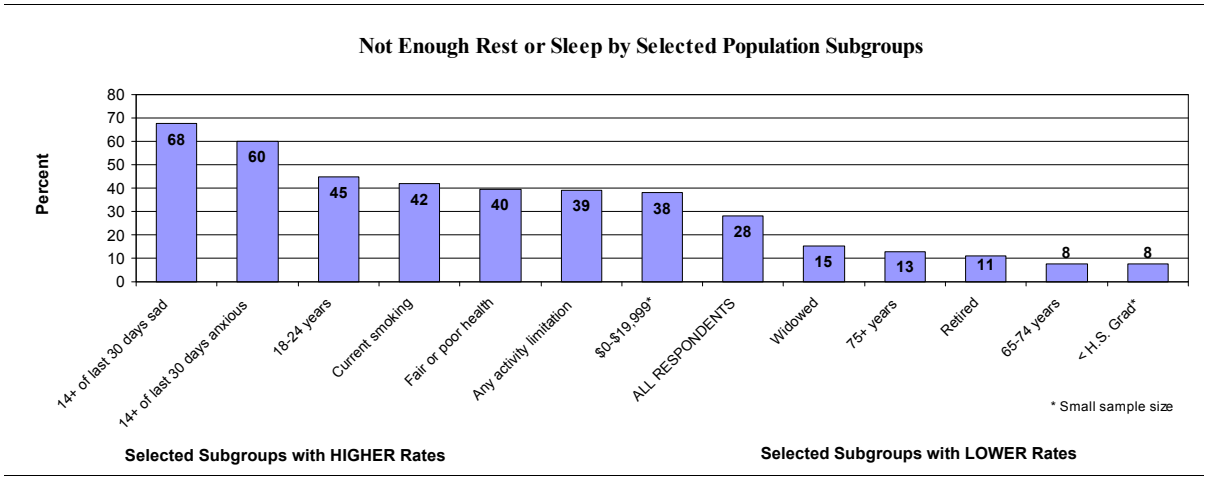
Comparing respondents by employment status, those employed for wages were at the highest risk while retired respondents had the lowest risk. Looking at marital status groups, widowed respondents - likely to be older - reported the lowest risk while those who were never married or part of an unmarried couple - likely to be younger - had the highest risk.

Not Enough Rest or Sleep by Employment

Not Enough Rest or Sleep by Marital Status

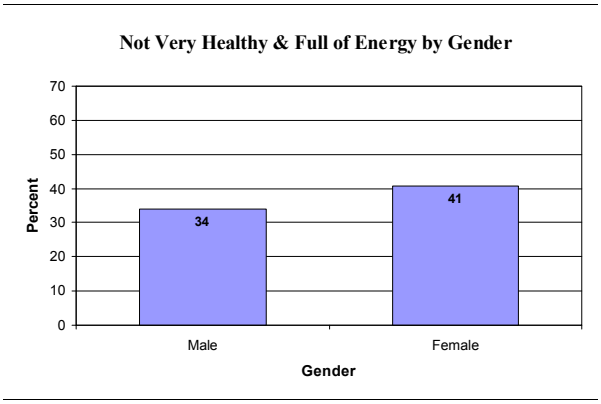


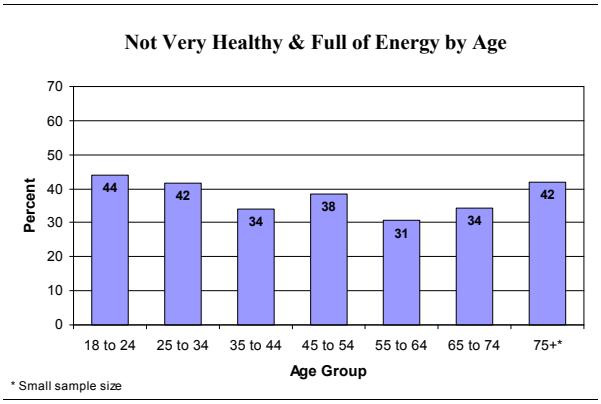
Other risk factors which appeared to be associated with not having enough rest or sleep included being sad, blue, or depressed 14 or more of the last 30 days; being worried, tense, or anxious 14 or more of the last 30 days; current smoking; and self-reported fair or poor health.



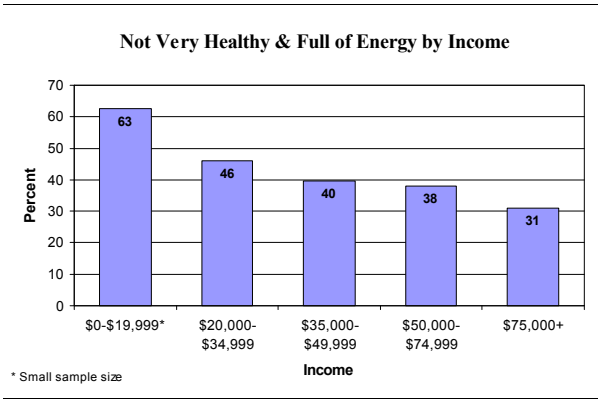
Not Very Healthy and Full of Energy

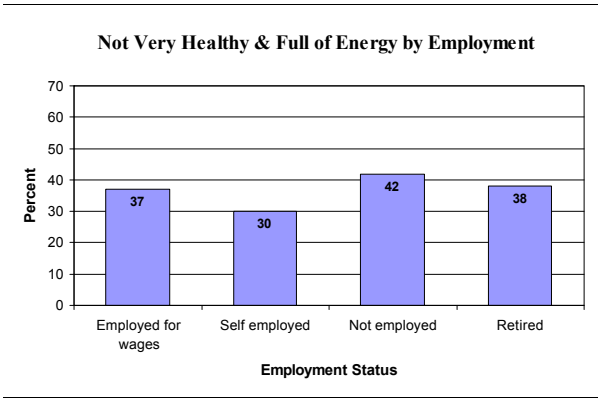
Thirty-seven percent of respondents reported not feeling very healthy and full of energy for 14 or more of the past 30 days. This is higher than 32%, which was observed statewide in 1999. A higher percentage of risk was observed among women versus men. Risk varied across age groups (though not substantially), with the oldest and youngest groups of respondents reporting the highest risk.



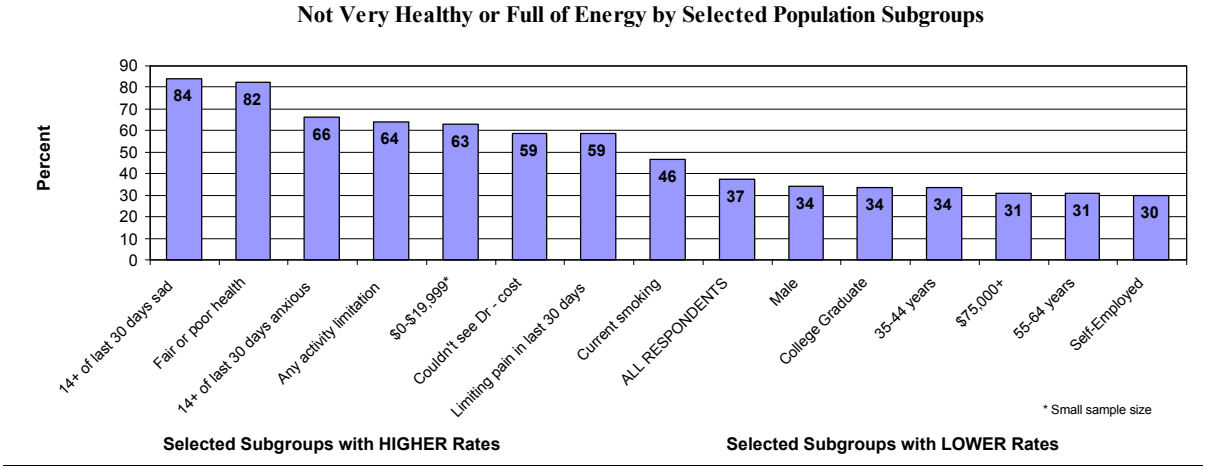


Risk prevalence generally decreased with increasing levels of household income. Among employment subcategories, persons who were not currently employed had the highest observed percentage for this risk factor.



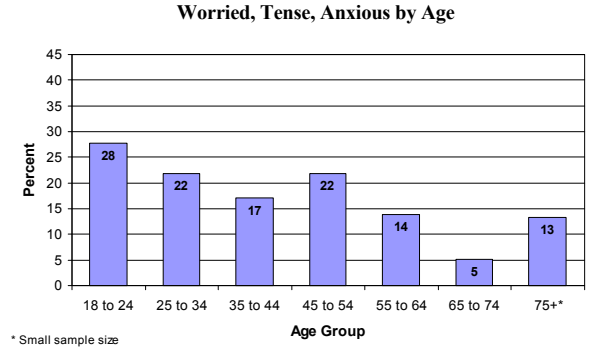


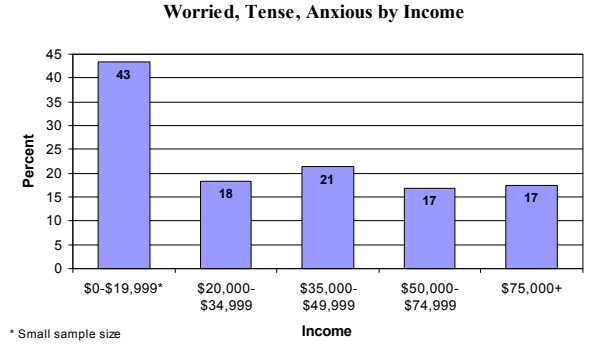
Other risk factors which appeared to be associated with not being very healthy or full of energy include being sad, blue or depressed 14 or more of the last 30 days; having fair or poor health; being worried, tense, or anxious 14 or more of the last 30 days; and any activity limitation.



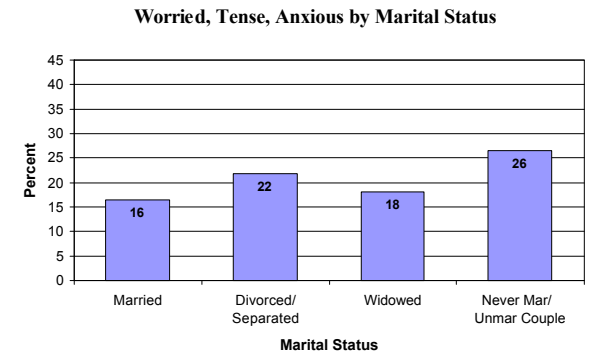
Worried, Tense, or Anxious

Nineteen percent of Johnson County respondents reported being worried, tense, or anxious for 14 or more of the last 30 days (anxiety). This is higher than the 12% observed statewide in 1999. The risk prevalence of anxiety generally decreased with increasing age and household income.

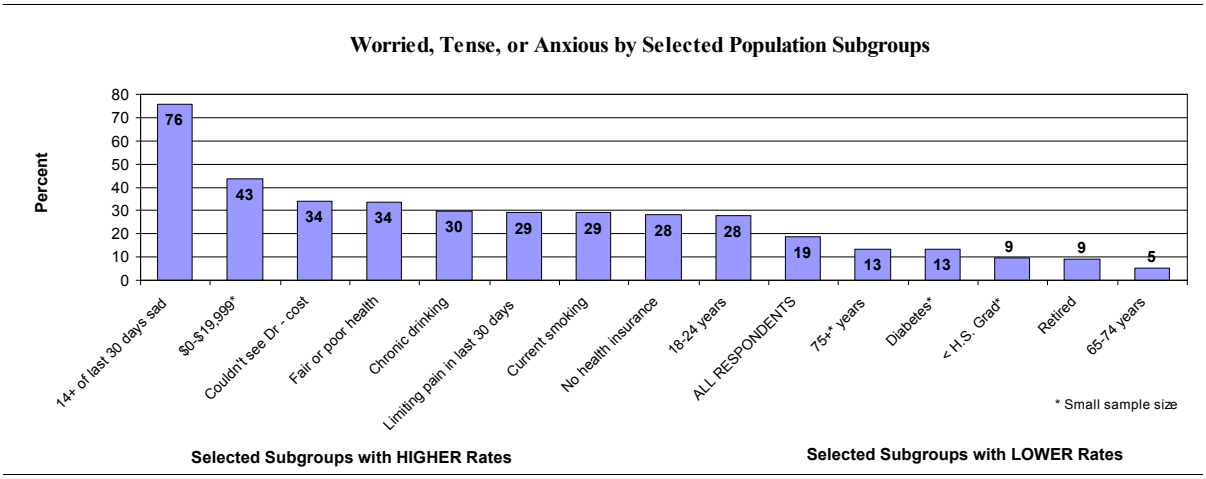




Among martial status subpopulations, the highest prevalence of anxiety (26%) was observed in individuals who had never been married/were part of an unmarried couple, and the lowest risk was observed in married respondents (16%). Among employment subpopulations, retired persons had the lowest prevalence of anxiety (9%), while those not employed for wages had the highest (24%).



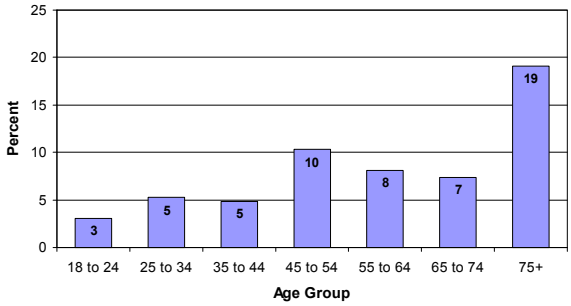
Seventy-six percent of those who were sad, blue, or depressed 14 or more of the last 30 days also reported being worried, tense, or anxious 14 or more of the last 30 days. Other factors which appeared to be associated with anxiety included not being able to see a doctor due to cost and self-reported fair or poor health.



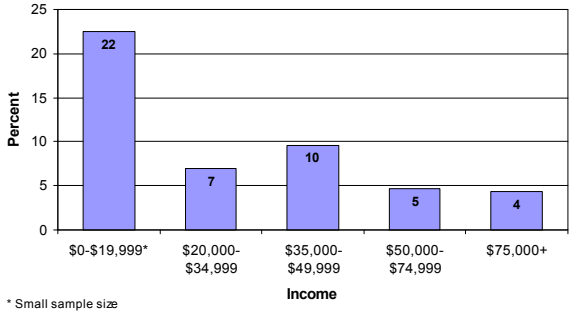
Sad, Blue, or Depressed

Seven percent of Johnson County respondents reported being sad, blue, or depressed for 14 or more of the past 30 days (depressed mood). This is similar to the percentage observed statewide in 1999 (5%). The prevalence of depressed mood was highest among elderly respondents (aged 75 and older) and respondents with a household income less than $20,000.

Sad, Blue, Depressed by Age



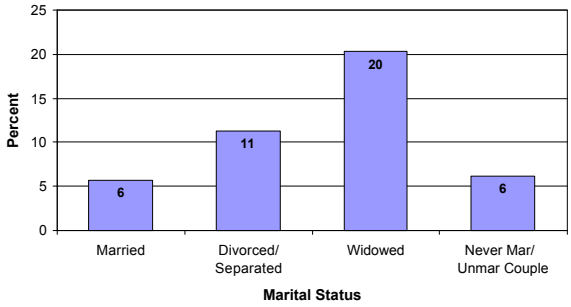
Sad, Blue, Depressed by Income



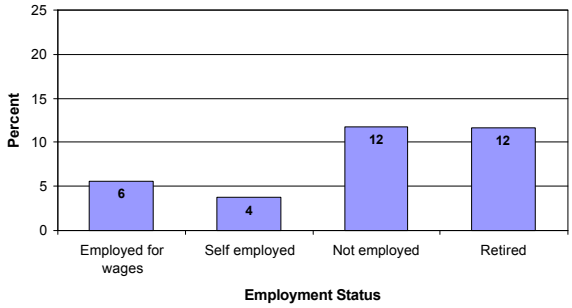
* Small sample size

Respondents who were married, never married, or a member of an unmarried couple reported a lower prevalence of depressed mood than widowed respondents. Respondents who were unemployed or retired reported higher percentages of depressed mood (12%) than the other employment groups.

Sad, Blue, Depressed by Marital Status

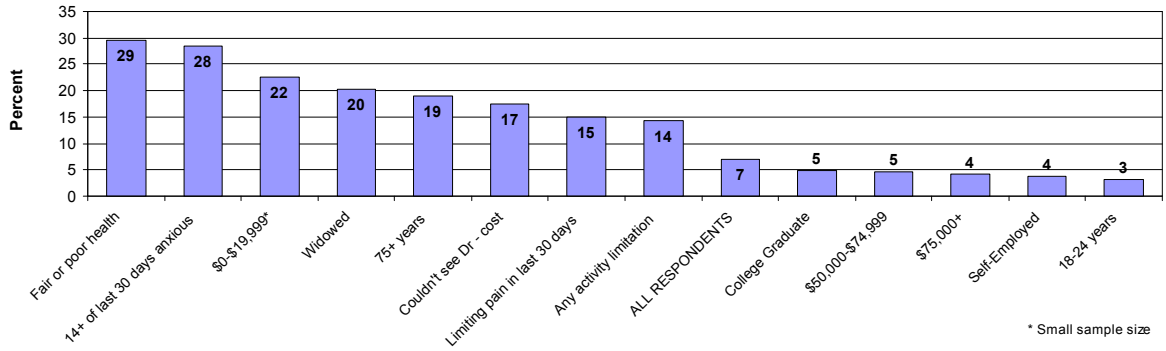


Sad, Blue, Depressed by Employment



Twenty-nine percent of respondents in fair or poor health reported a depressed mood in the past month. Respondents who experienced 14 or more days of being worried, tense or anxious also displayed a substantially higher prevalence of depressed mood than the general population (28% versus 7%).

Sad, Blue, or Depressed by Selected Population Subgroups

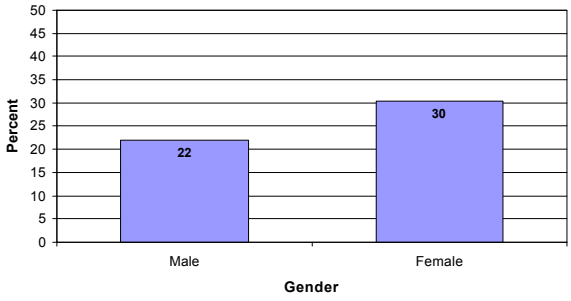


Selected Subgroups with HIGHER Rates **Selected Subgroups with LOWER Rates**

Possible Depression

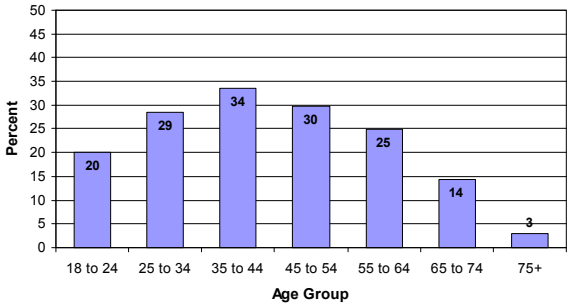
Twenty-six percent of respondents reported possible depression, that is, they thought they might have had depression in the past five years.

Possible Depression by Gender

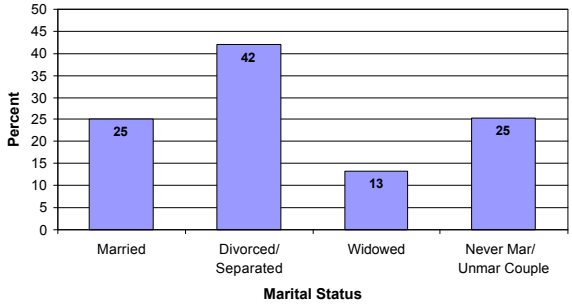


Females were more likely than males to report possible depression (30% versus 22%). Risk prevalence varied among different age groups, with the highest among middle-aged respondents and lowest among respondents aged 75 and older. Among marital status groups, divorced or separated respondents had the highest percent at-risk (42%).

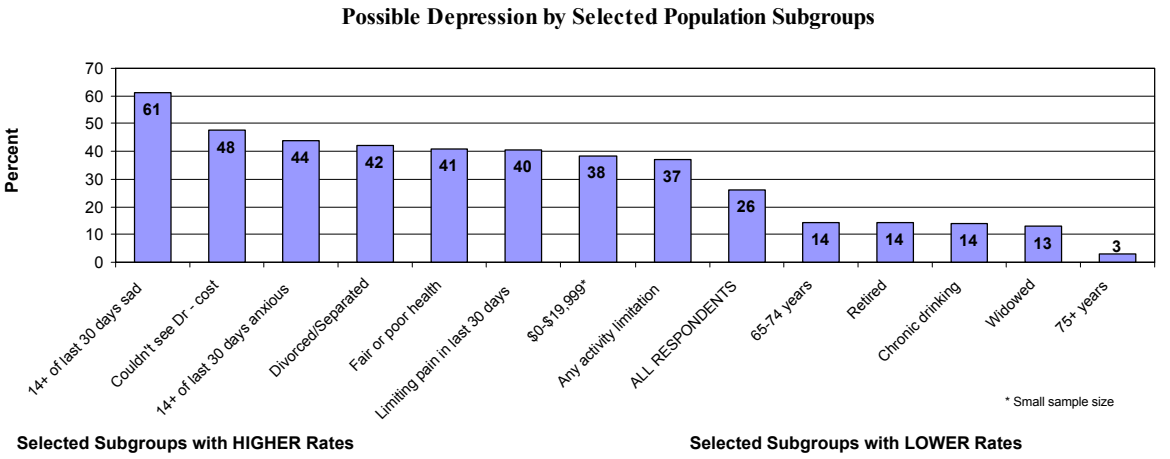
Possible Depression by Age



Possible Depression by Marital Status



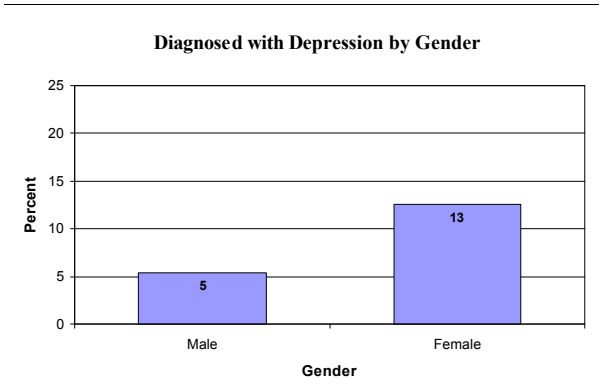
Sixty-one percent of respondents who had been sad, blue or depressed for 14 or more of the past 30 days thought they might have had depression some time in the past year. Those who couldn't see a doctor due to cost and reported being worried, tense, or anxious 14 or more of the past 30 days also had a higher risk for depressed mood than the general population.

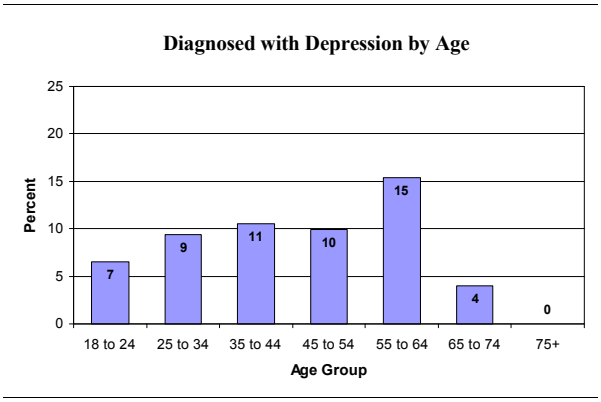


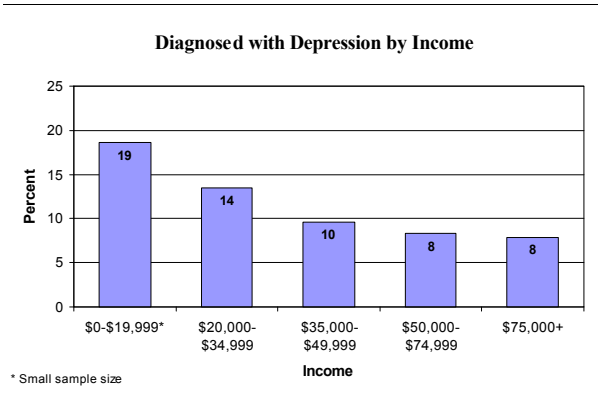
Diagnosed with Depression

Nine percent of respondents reported being diagnosed with depression in the last five years.

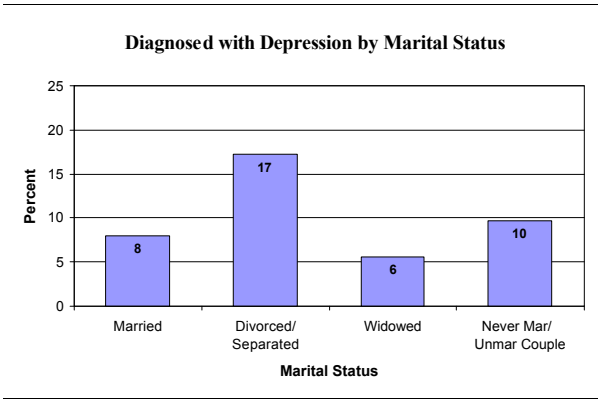
Females were more than twice as likely as males to have been diagnosed with depression. Risk prevalence varied among different age groups, with higher risk observed among middle-aged respondents. Risk prevalence generally decreased with increasing level of household income, and a lower percentage of respondents with some college or a college degree reported being diagnosed with depression than respondents with a high school diploma or less.

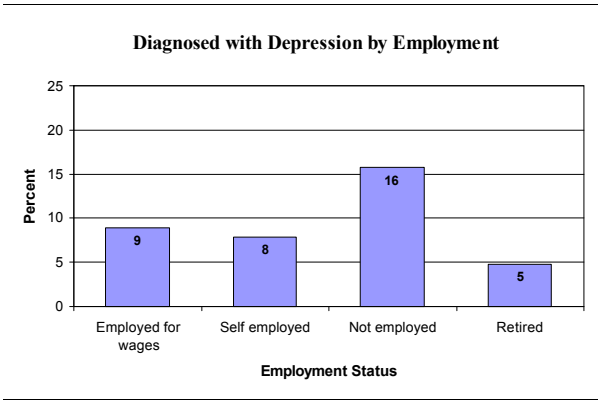




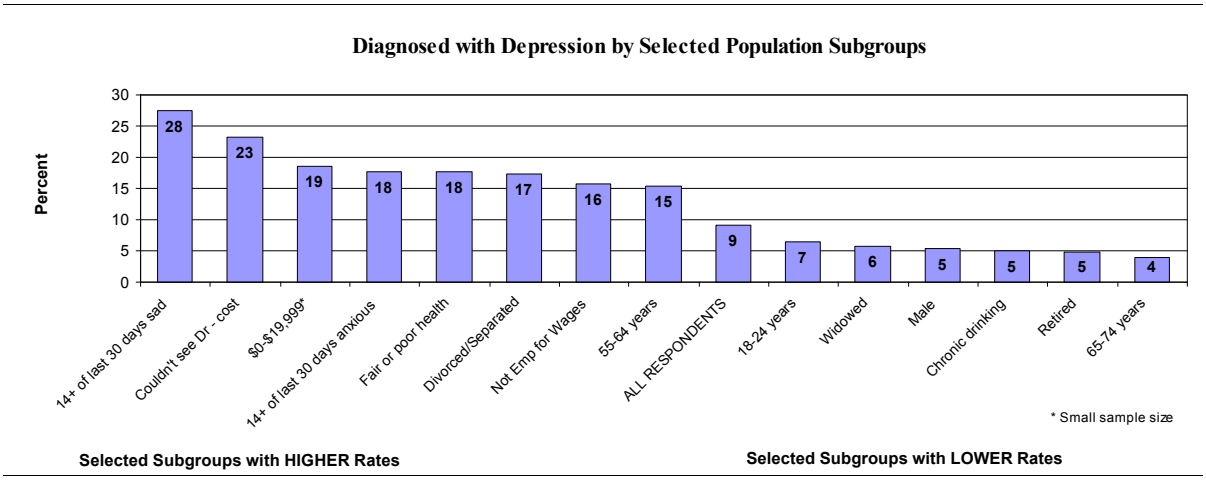


Among marital status groups, the highest percentage of at-risk respondents was observed among divorced or separated respondents (17%), while those not currently employed had the highest percentage of respondents diagnosed with depression (16%) among employment stratifications.



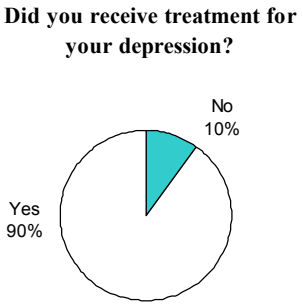


Other risk factors which appeared to be associated with having been diagnosed with depression included having been sad, blue or depressed 14 or more of the last 30 days; not being able to see a doctor due to cost; having been worried, tense, or anxious 14 or more of the last 30 days; and reporting fair or poor general health.

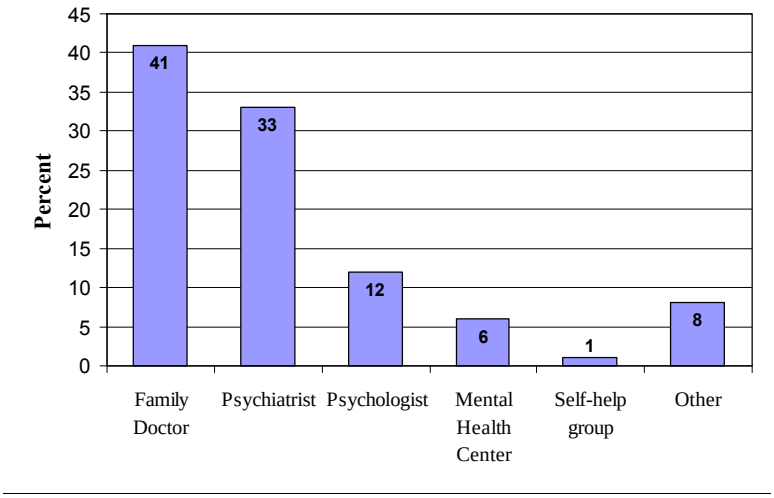


Treatment for Depression

Among those who thought they may have been depressed in the past five years, only 35% were diagnosed with depression. This implies that a significant number of people may not be getting the help they need for mental or emotional problems. Among those who were diagnosed with depression in the past five years, 10% had not been treated.



Among those who did receive treatment, only half (51%) were treated by a mental health professional. The family physician was the most common source of treatment (41%).



References

[1] U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General-Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

[2] U.S. Department of Health and Human Services. (1998). Mental Health and Mental Disorders. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, office of Disease Prevention and Health Promotion, p. 23-4.

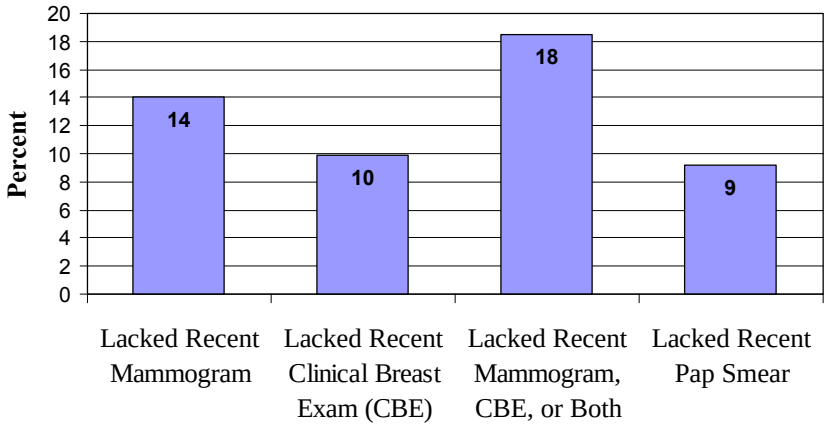
[3] HHS Fact Sheet. (June 7, 1999). The Department of Health and Human Services on Mental Health Issues (Press release)

[4] HHS Fact Sheet. (December 13, 1999). The Department of Health and Human Services on Mental Health Issues. (Press release)

Lacked Recent Mammogram: *Female respondents aged 50 and older who reported not having had a mammogram within the past two years.*

Lacked Recent Clinical Breast Exam: *Female respondents aged 50 and older who reported not having had a clinical breast exam within the past two years.*

Lacked Clinical Breast Exam, Mammogram, or Both: *Female respondents aged 50 and older who reported not having had a mammogram, a clinical breast exam, or both in the past two years.*



Lacked Recent Pap Smear: *Female respondents with a uterine cervix who reported not having had a Pap smear within the past two years.*

BREAST & CERVICAL CANCER SCREENING

Breast Cancer Background

According to the American Cancer Society, other than skin cancer, breast cancer is the most common cancer among women. In Kansas, more than 1,700 women are diagnosed with breast cancer annually; nearly 400 women die of breast cancer each year. Breast cancer is relatively uncommon before age 40, but increases rapidly with advancing age. Known risk factors for breast cancer include family history and a variety of hormonal factors, but the underlying cause of most breast cancers is unknown.

Early detection offers women the best chance of surviving the cancer.

Preventing breast cancer is not possible at this time (excluding prophylactic mastectomy). However, preventing deaths from breast cancer is possible. Breast cancer can be effectively treated if the cancer is detected early; consequently, early detection offers women the best chance of surviving the cancer. Approximately 95% of women whose cancer is found when small (less than ½ inch) and localized to the breast can be expected to be alive five years later. Since a cancer must be found early if the woman's life is to be saved, it is important that women be screened regularly. Detection of small tumors is only possible through use of screening mammography since tumors less than one-half inch typically cannot be identified by touch. While the risks versus the benefits of mammography for women under age 50 remain controversial, it is generally accepted that mammography is beneficial for women aged 50 to 69 years. The risk factors used to measure breast cancer screening were "lacked recent mammogram", "lacked recent clinical breast exam", and "lacked mammogram, clinical breast exam, or both" for women aged 50 and older.

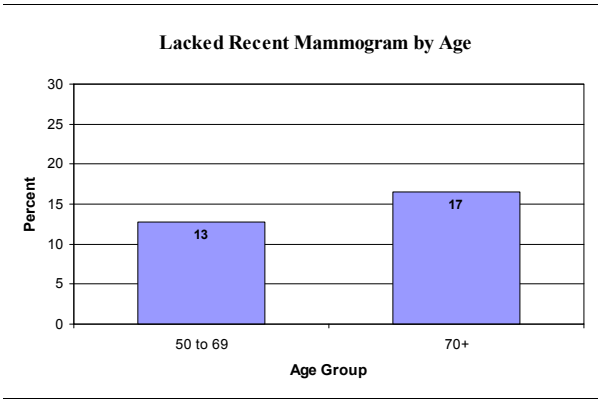
Cervical Cancer Background

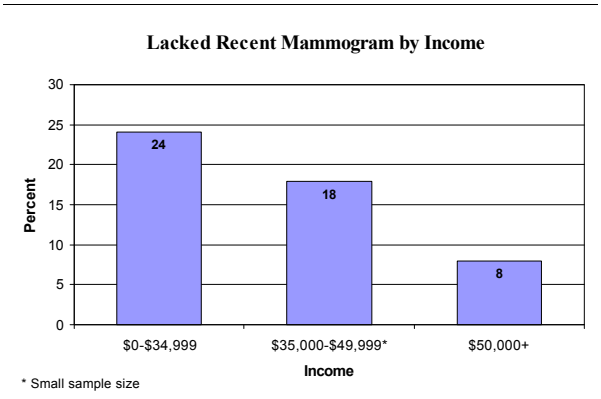
Some researchers have estimated that the full use of the Pap test could prevent between 37% and 60% of cervical cancer deaths.

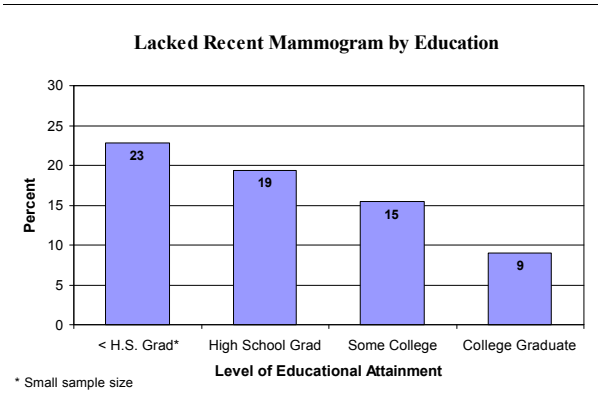
In 1998, 88 Kansas women were diagnosed with cervical cancer and 32 Kansas women died.[1] Risk factors for cervical cancer include a history of multiple sex partners, early age at first intercourse (17 years and younger), a history of sexually transmitted diseases (including human papilloma virus types 16 and 18), and cigarette smoking. In addition to the reduction of behaviors that increase the risk of cervical cancer, early detection and treatment (secondary prevention) remain an important pubic health strategy. The Pap test, which involves examining under a microscope cells that are scraped from a woman's cervix for abnormality, is the principle screening test for cervical cancer. Not only can Pap smears reliably detect cancer at an early treatable stage, they can detect abnormal cervical cells which have the potential to become cancerous in the future. Although death rates are relatively low, the deaths which do occur should be considered potentially preventable. Furthermore, the frequency with which pre-malignant cellular changes are detected by Pap smears ensures death rates will rise without continued aggressive screening and treatment. Some researchers have estimated that the full use of the Pap test could prevent between 37% and 60% of cervical cancer deaths. "Lacked recent pap smear" is the risk factor used to measure cervical cancer screening.

Mammogram

Thirty-five percent of Johnson County women of all ages reported that they had never had a mammogram. Twenty-one percent of female respondents aged 40 and older and 14% aged 50 and older reported not having had a mammogram within the past two years. This is lower than the percentage reported statewide in 1999: 20% of Kansas women aged 50 and older had not had a mammogram in the past two years. Although risk appeared to be higher for women 70 and older, in lower income groups, and reporting lower levels of educational attainment, sample sizes were too small to observe statistically significant differences between these demographic groups.



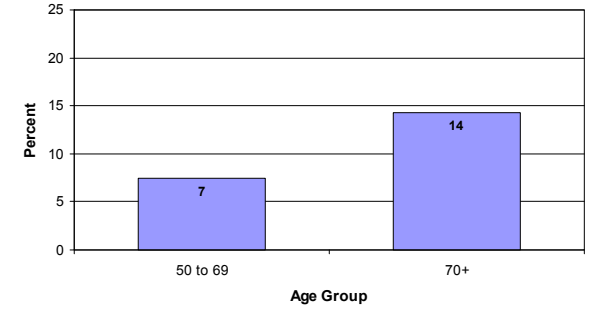


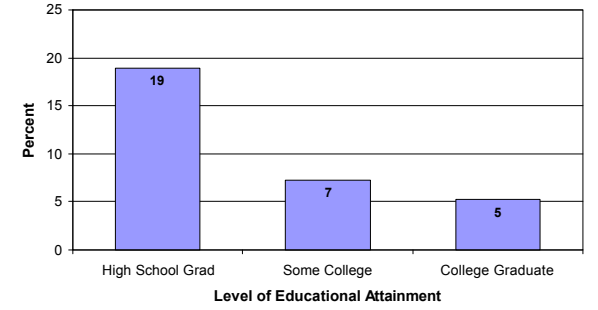


Clinical Breast Exam

Six percent of Johnson County female respondents had never had a clinical breast exam. Ten percent of female respondents aged 50 and older reported not having had a clinical breast exam within the past two years, which is less than the 23% reported statewide in 1999.

Risk varied by age, and a higher prevalence of risk was observed among high school-educated respondents compared to college-educated respondents.

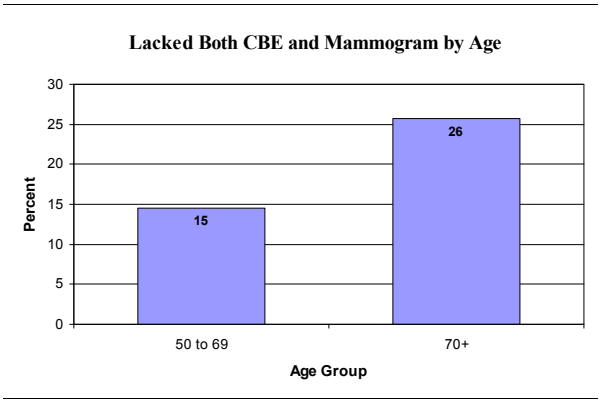


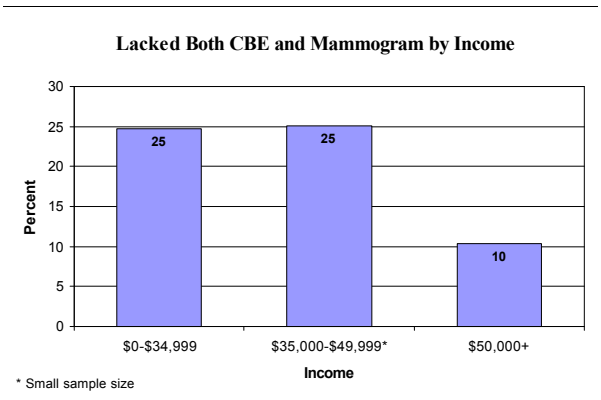


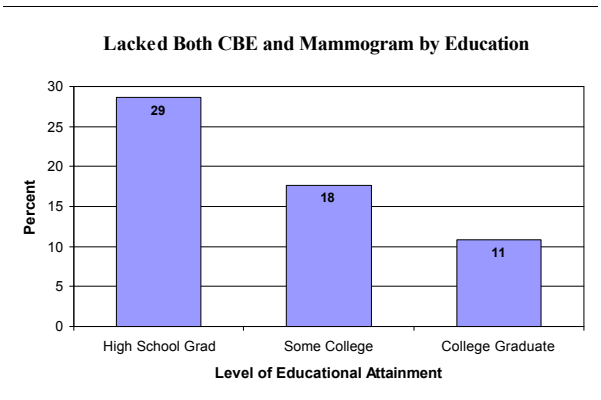
Clinical Breast Exam or Mammogram

Eighteen percent of women aged 50 and older lacked a mammogram, a clinical breast exam, or both. This is less than the 29% observed statewide in 1999.

Women in households with income less than $50,000 appeared to be at greater risk than women in households with income greater than $50,000. Risk tended to decrease with increasing educational attainment. (The statistic for respondents with less than a high school education was not included due to a very small sample size.)

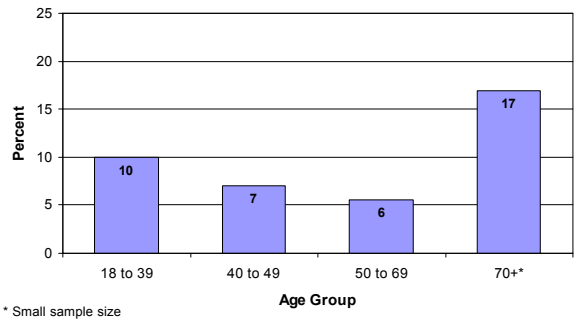




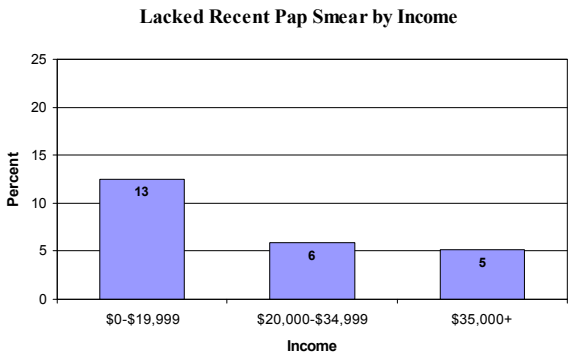


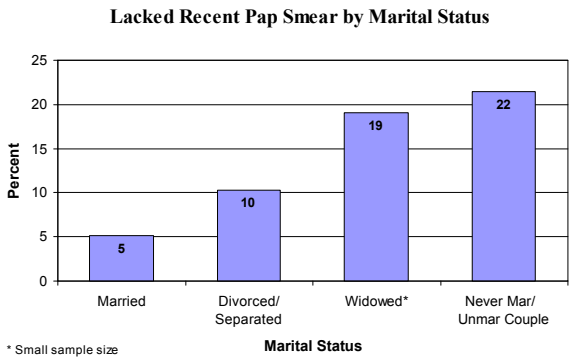
Pap Smear

Nine percent of female respondents with a uterine cervix (i.e., no hysterectomy) reported not having had a Pap smear in the past two years. This is considerably less than the statistic reported nationally (17%) and is less than the 15% observed in Kansas (1999).



The percentage at risk for lacking a recent pap smear appeared to be highest among elderly women and to decrease with increasing income. Looking at stratifications by marital status, the highest risk for no recent pap smear was among respondents who had never married or were part of an unmarried couple; lowest risk was observed among married women.





Hysterectomy

Nineteen percent of all Johnson County female respondents, which is slightly lower than the 24% observed statewide in 1999, and over 45% of female respondents aged 55 and older reported having had a hysterectomy.

References

[1] Kansas Cancer Registry Data [Unpublished electronic data file]. (1998). Kansas City, KS: Kansas Cancer Registry.

American Cancer Society (1999a). Breast cancer – overview [On-line]. Available: http://www3.cancer.org/cancerinfo/documents/overviews/breaover.asp?ct=5

Brownson, R.C., Reif, J.S., Alvanja, M. C.R., & Bal, D. G. (1998). Cancer. In R. C. Brownson, P. L. Remington & J. R. Davis (Eds.), Chronic disease epidemiology and control. (pp. 335-373). Washington, DC: American Public Health Association.

Lai SM (1998). Cancer Incidence and Mortality in Kansas, 1997. Kansas City, KS: Kansas Cancer Registry.

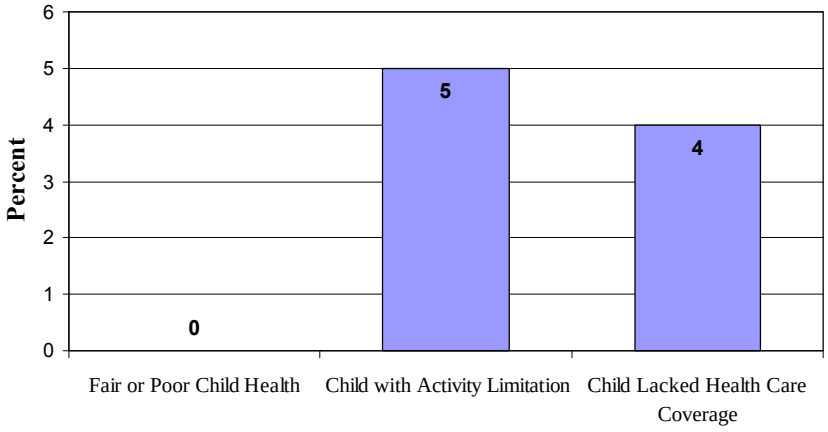
Ries LAG, Kosary CL, Hankey BF, et.al.(eds.) (1999). Seer Cancer Statistics Review, 1973-1996. Bethesda, MD: National Cancer Institute. NIH Pub. No. 99-2789.

United States Preventive Services Task Force (1996). Guide to clinical preventive services (2nd ed.). Baltimore, MD: Williams & Wilkins.

Fair or Poor Child Health: *Respondents who reported the general health of the selected child in their household as "fair" or "poor".*

Child with Activity Limitation: *Respondents who reported that the selected child in their household was limited in any way in any activities because of any impairment or health problem.*

Child Lacked Health Care Coverage: *Respondents who reported a lack of health care coverage for the selected child.*



HEALTH OF CHILDREN

Background

Many of the same factors which put adults at risk also put children at risk. In children, the health risks are often greater because of their developmental growth.

Many of the same factors which put adults at risk of poor health outcomes also put children at risk. However, in children the risk is often greater than that of adults because of the developmental growth of children. In circumstances in which a behavioral choice is possible (e.g., wearing a seat belt), the risk may be greater for children because of their lack of judgement.

The availability of quality health care directly affects the health of children. In 2000, an estimated 12% of children nationally were uninsured; 70% were insured through private insurance, and 18% were publicly insured.[1] A concept that has been promoted in the 1990s is the "medical home" where care for children is accessible, continuous, comprehensive, and coordinated.[2] Having a medical home, or regular source of care, helps assure that children will receive needed care, ranging from immunizations to treatment for acute conditions. Of particular concern are children with a disability. Because these children, including those with activity limitation, often require more physician visits or hospitalizations than children without a disability, planning programs that assure access to care for children with a disability are vital.[3]

Risk factors:
- *Fair or poor child health*
- *Child with activity limitation*
- *Child lacked health care coverage (i.e., insurance)*

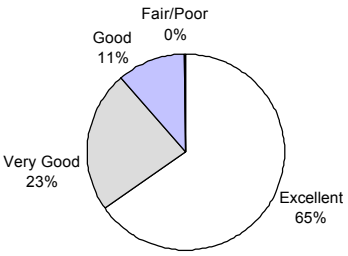
Three risk factors are discussed in this chapter. Two risk factors related to health status are: *fair or poor child health*, defined "fair" or "poor" general health, as indicated by the selected child's parent or guardian respondent and *child with activity limitation*, defined as "limited in any way in any activities because of any impairment or health problem", as indicated by the selected child's parent or guardian respondent. The third risk factor is related to access: *child lacked health care coverage*.

For the health of children survey module, adult respondents were asked if there were any children in the household age 17 or younger. If so, one child in the household was randomly selected for these questions. Questions were only asked if the respondent was the parent or guardian of the selected child.

Fair or Poor Child Health

The majority (65%) of parent and guardian respondents indicated that the health of the selected child was "excellent", with 88% saying their child's health is "excellent" or "very good". This is slightly less than 92% of respondents statewide who reported their child's health as "excellent" or "very good" in 1997. Zero percent of respondents indicated that their child's health was "fair" or "poor".

Child's Reported Health Status



Child with Activity Limitation

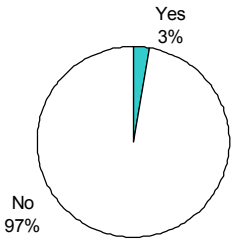
Five percent of selected children were limited "in any way in any activities because of any impairment or health problem". This is similar to the percentage reported statewide in 1997 (6%). The numbers for this risk factor were too small to report statistics by demographic groups.

Child Lacked Health Care Coverage

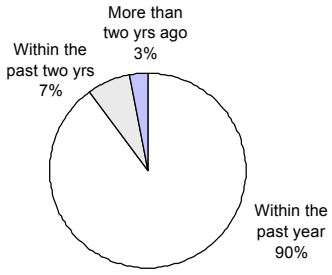
Four percent of respondents indicated the selected child was without health insurance or some other type of health care coverage, which was half of the reported percentage for the state in 1997 (8%). The numbers were too small to support demographic stratifications.

Three percent of children needed to see a doctor but could not because of cost during the past year. Related to routine care, 90% of children had visited the doctor for a routine check-up within the past year.

Was there a time during the last 12 months when the selected child needed to see a doctor, but could not because of the cost?



About how long has it been since the selected child last visited a doctor for a routine check-up ?



References

[1] U.S. Census Bureau (2000). Health insurance historical table 5. Available at http://www.census.gov/hhes/hlthins/historic/hihistt5.html.

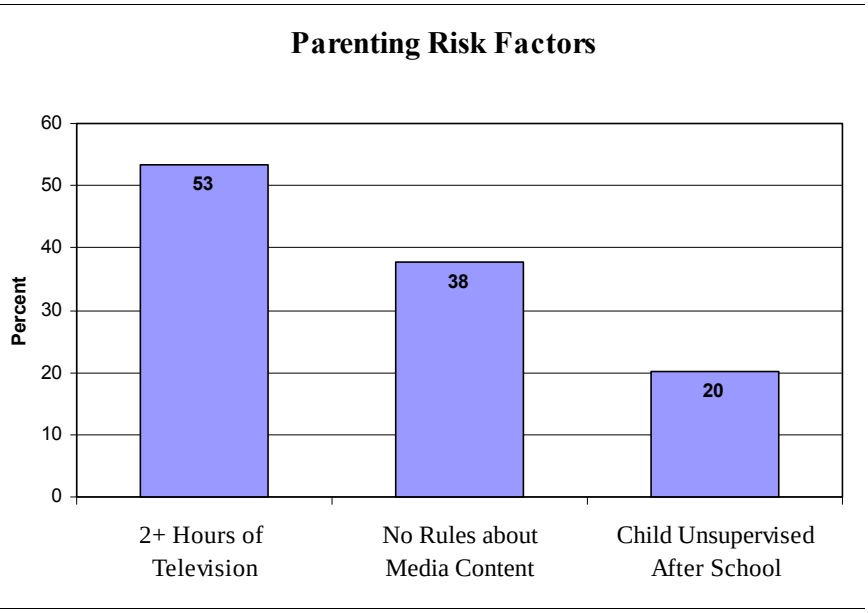
[2] The David and Lucile Packard Foundation. (Summer/Fall 1998). The future of children: children and managed health care executive summary.

[3] Newacheck PW, Halfon N. (1998). Prevalence and impact of disabling chronic conditions in childhood. American Journal of Public Health. 88:610-617.

Two or More Hours of Television: *Respondents reporting that the randomly-selected child (aged 1-17) in their household watched two or more hours of television the previous day.*

Media Content Exposure: *Respondents reporting no rules about program/movie content, no rules about video game content, or no rules about Internet use for the randomly-selected child (aged 5 to 17) in their household.*

Child Unsupervised After School: *Respondents reporting that the randomly-selected child (aged 5 to 17 currently in school) was unsupervised after school one or more days the past week.*



PARENTING

Background

Family environment, beliefs, and behaviors can impact the acquisition of behaviors by children that promote or fail to promote health and well-being.

Raising children to be self-regulating individuals of emotional, mental, and physical maturity is clearly one of the most important functions of the family. While models of family interaction exist that identify some of the factors that shape the development of children, much is not understood. Patterns of belief (values, attitudes, expectations), social environment (communication, organization, roles, rules) and behavior (modeling, positive and negative reinforcement, consistency) in families have all been shown to impact the acquisition of behaviors by children that promote or fail to promote health and well being.[1] Factors which have been consistently found to negatively impact the healthy maturation of children include lack of clear expectations, excessively rigid or excessively lenient behavioral boundaries, harsh or inconsistent punishment, high levels of conflict between family members, positive parental attitudes toward harmful behaviors (e.g., drug use), low emotional cohesion between family members, poor communication, and parents who are not mutually supportive.[1, 2]

Other survey data collected from children (Kansas Communities that Care) can provide county level data for many of these factors as perceived and reported by children. The parenting module in this survey provides measures of risk factors and behaviors (e.g., time spent with children, communication, supervision, exposure to media, family structure) reported by a parent or guardian.

How much television is too much? Is it acceptable for some children to be unsupervised after school? How much time should parents spend talking to their children? These data do not attempt to answer these questions but rather to identify the prevalence of behaviors which may place children at heightened risk.

Risk factors:

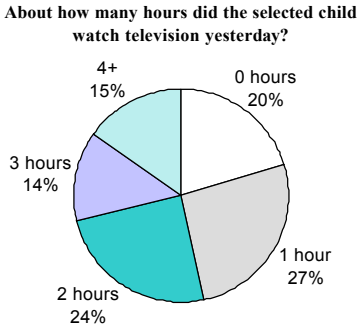
- *Two or more hours of television on previous day*
- *Media content exposure: No rules about program/movie or video game content or Internet use*
- *Child unsupervised after school one or more days of past week*

The number of children at risk in Johnson County was sufficient for detailed analysis of three risk factors: (1) "Two or more hours of television," defined as *watching two or more hours of television the previous day,* identifies a subgroup of children who may be at risk for limited physical activity, limited social interaction, or excessive exposure to media content from television viewing, (2) "Media content exposure," defined as *no rules about program/movie content, no rules about video game content, or no rules about Internet use,* identifies a sub-group of children who may be at increased risk of exposure to media violence or sexuality, and (3) "Child unsupervised after school one or more days of past week" identifies children who may be at risk for inadequate supervision.

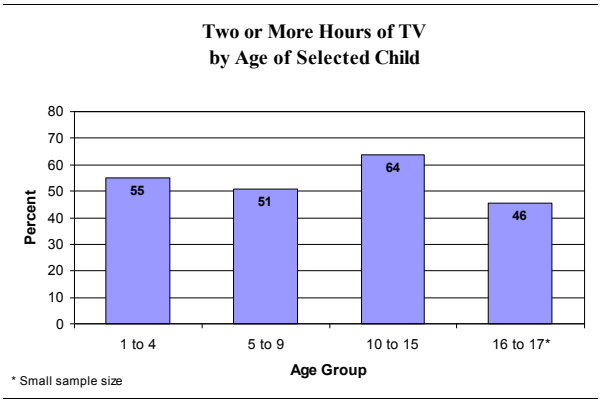
For the parenting survey module, respondents were asked if there were any children in the household age 17 or younger. If so, one child in the household was randomly selected for these questions. Questions were only asked if the respondent was the parent or guardian of the selected child.

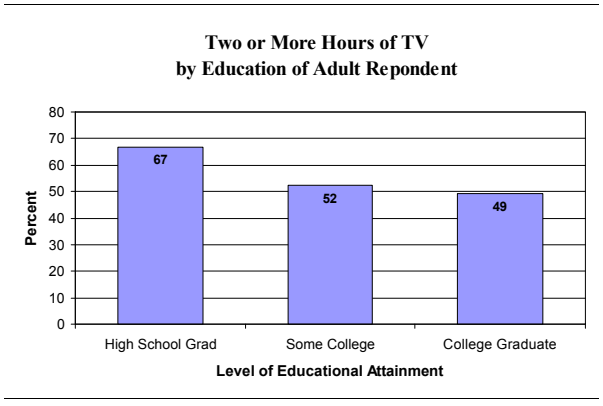
Two or More Hours Television

Fifty-three percent of the children aged 1 to 17 years were reported to have watched two or more hours of television the day prior to the interview, compared to 50% of children statewide in 1999. More than a quarter (29%) of children in Johnson County had watched three or more hours of television the previous day.



Number of children at risk for watching two or more hours of TV the previous day varied by age of child with the greatest risk observed among children aged 10 to 15 years. Observed risk generally decreased as the level of educational attainment of the adult respondent increased. (The sample size was insufficient to report data for the "Less than High School" educational category.)



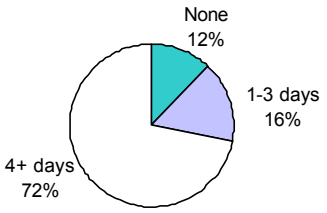


Parent-Child Activities

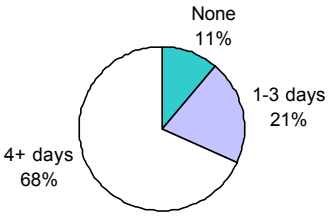
Children Ages 0 to 4

The majority of parent and guardian respondents with a child aged 0 to 4 years had participated with their children in each of the activities listed on the survey - with the exception of watching TV - four or more of the past seven days. Playing a non-physical game was the most common activity. However, there is still room for improvement. Twenty percent had not played a sport, physical game, or exercised with the child any of the past seven days, and 11% had not read to their child any of the past seven days.

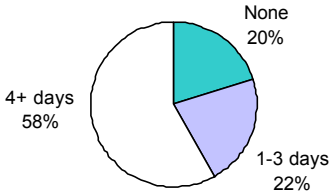
How many days in the past seven did you play a non-physical game with your child?



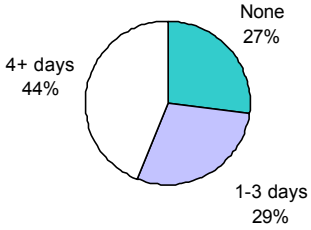
How many days in the past seven did you read to your child?



How many days in the past seven did you play a sport, physical game, or exercise with your child?



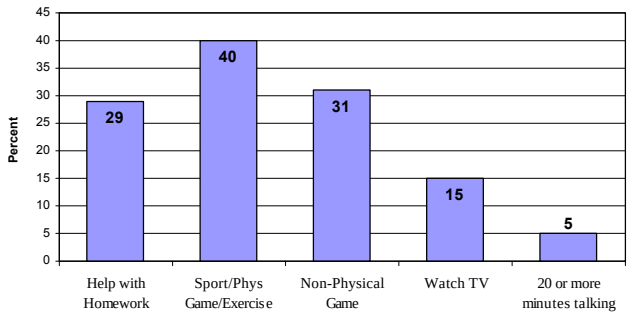
How many days in the past seven did you watch TV with your child?



Children Ages 5 to 17

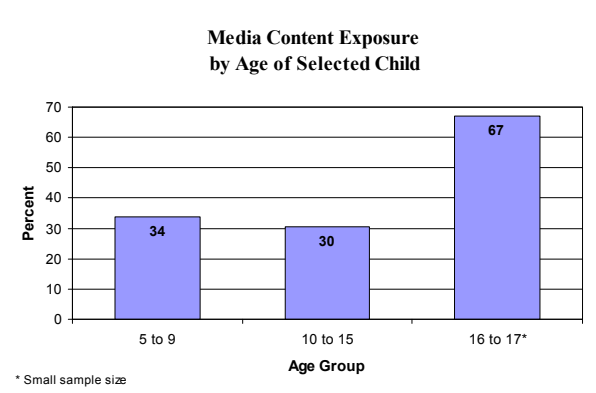
Among respondents with children ages 5 to 17, talking with the child was the most common of the activities listed. Eighty-four percent of respondents had spent at least 20 minutes talking with their child four or more of the past seven days. Exercising/ playing a physical game and helping the child with homework or a school activity were among the least common. Forty-three percent of respondents had helped the selected child with homework or a school activity four or more days; twenty-nine percent had not helped with homework on *any* of the past seven days. Only 17% had exercised with the selected child four or more of the past seven days, and 40% did not exercise or play a physical game with the child on *any* of the past seven days.

Percent of parents spending *none* of the past seven days participating in the following activities with their child



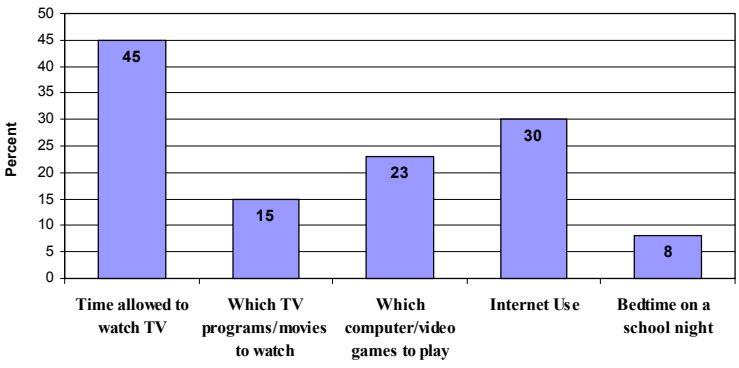
Media Content Exposure

A child was at risk for media content exposure if parents did not have rules for computer/video game content, program/movie content, or Internet use. Thirty-eight percent of children aged 5 to 17 years were at risk. Risk was twice as prevalent among children ages 16 and 17 than in the other age groups. Risk appeared to be higher for children in families with lower household incomes and where the respondent had a lower level of educational attainment. Among children in families with no rules about the *number* of hours per day, 58% were also at risk for media content exposure.



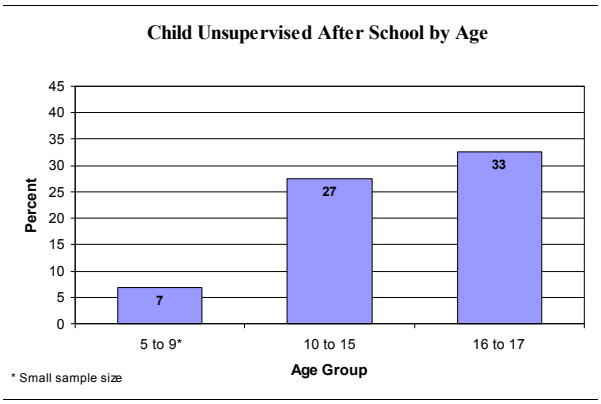
Family Rules

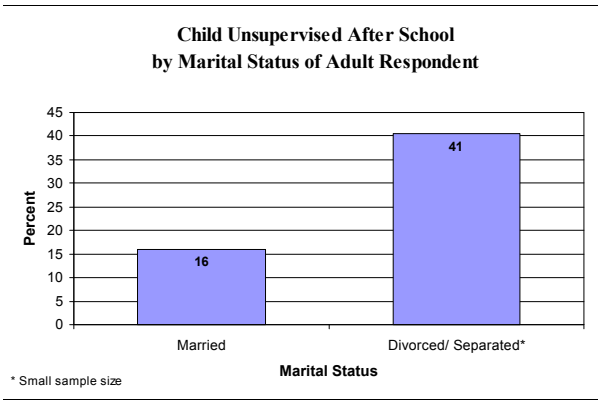
Only eight percent of parents reported having *no* rules about bedtime on school nights (among children aged 5 to 17). Fifteen percent of parents reported no family rules about *which* television programs the selected child could watch, while over three times as many (45%) had no rules about *how much* television could be watched.



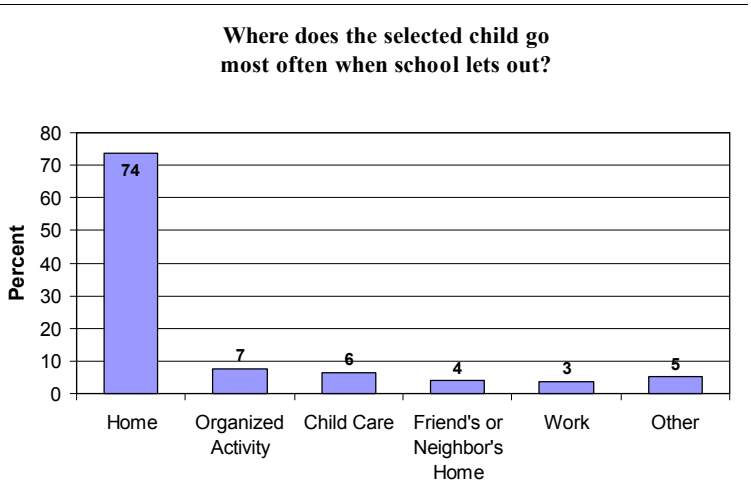
Child Unsupervised After School

Twenty percent of children currently in school were unsupervised after school one or more days during the past week. Not surprisingly, reported percentages increased with increasing age of the child, but it was troubling that 7% of 5 to 9 year olds had been unsupervised one or more days of the past week after school. Looking at marital status, children of divorced or separated respondents were two and a half times as likely to have been unsupervised after school one or more days than children of married respondents (41% versus 16%).



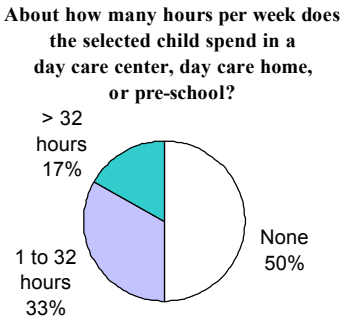


The vast majority (74%) of school-age children went home after school. Thirteen percent went to an organized activity or child care.



Child Care

Half of the children aged 0 to 4 years (50%) regularly spent at least part of their week in a day care center, day care home, or preschool, with 17% spending the equivalent of four days or more in a preschool or out-of-home child care.



References

[1] Soubhi, H. and Potvin, L. (2000) Homes and families as health promotion settings. In: Poland BD, Green LW, Rootman I (eds.) Settings for health promotion: linking theory and practice. Thousand Oaks: Sage Publications.

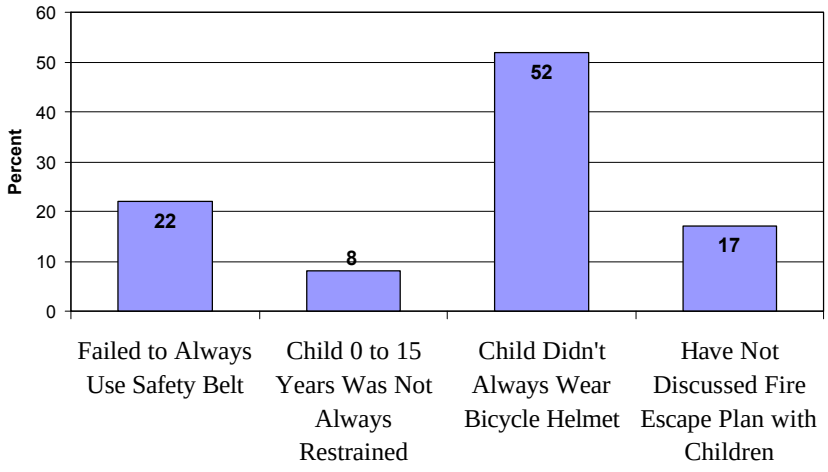
[2] Governor's Substance Abuse Council (1999). Kansas planning framework. State Incentive Cooperative Agreement, Federal Center for Substance Abuse Prevention.

Failed to Always Use Safety Belt: *Respondents who reported they do not "always" use a seatbelt when they drive or ride in a car.*

Child Aged 0 to 15 Years Was Not Always Restrained: *Oldest child between the ages of 0 to 15 was not "always" restrained in a car safety seat (ages 0 to 4) or a seat belt (ages 5 to 15), as reported by adult respondent.*

Child Didn't Always Wear Bicycle Helmet: *Randomly-selected child did not always wear a helmet while riding a bicycle (among those children who ride bikes).*

Injury Prevention Risk Factors



Have Not Discussed Fire Escape Plan with Children: *Respondents reporting not having discussed a fire escape plan with their children (among those respondents with one or more children aged 5 to 17).*

INJURY PREVENTION

Background

Many injuries are not "accidents"; rather, most injuries are preventable.

Widespread human damage is too often taken for granted in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many injuries are not "accidents," of random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

U.S. Department of Health and Human Services. (2000). Healthy People 2010, Conference Edition.

31% of children aged 0 to 3 involved in Kansas traffic accidents from 1995 to 1998 were not properly restrained in a child safety seat.

Unintentional injuries are the leading cause of death in Kansas for persons aged 1 to 44 years. Motor vehicle crashes are the leading cause of unintentional injury death, accounting for approximately half of the deaths due to unintentional injury. Each year, over 500 persons are killed [1] and over 30,000 people are injured [2] in motor vehicle crashes in Kansas. It has been estimated that the proper use of safety belts by adults can significantly reduce the risk of death in a motor vehicle crash [3], and the correct use of a child safety seat can reduce the risk of death for children.[4]

62% of persons killed in Kansas traffic accidents (1990-1998) were not wearing safety restraints.

During 1995-1998, 16% of persons involved in Kansas motor vehicle crashes were not wearing safety restraints; 31% of children under age 4 involved in accidents were not properly restrained in a child safety seat. [5] Among those involved in motor vehicle crashes, those *without* safety restraints were much more likely to be injured than those *with* safety restraints (33% versus 14%). [5] Sixty-two percent of persons killed in Kansas traffic accidents (1990 to 1998) were not wearing safety belts. [2]

Risk factors:

- *Adults who failed to always use safety belt*
- *Child was not always restrained in seat belt or safety seat*
- *Child did not always wear bicycle safety helmet*
- *Have not discussed fire escape plan with children*

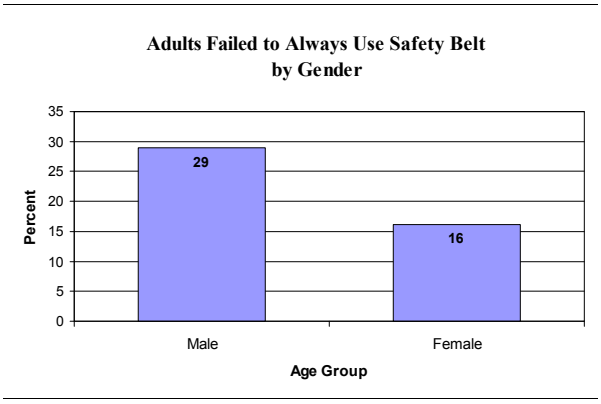
Head injuries are the most serious type of injury sustained by pedalcyclists. Nationwide in 1998, there were 761 bicyclists killed and 53,000 injured in crashes involving motor vehicles[6]. Almost one-third of the pedalcyclists killed nationwide in 1998 were between ages 5 and 15 years. Statewide in 1999, there were 7 pedalcylists killed and 385 injured in crashes involving motor vehicles.[2] Bicycle helmets reduce the risk of bicycle-related head injury by 85 percent and are important for riders of all ages to wear.[6]

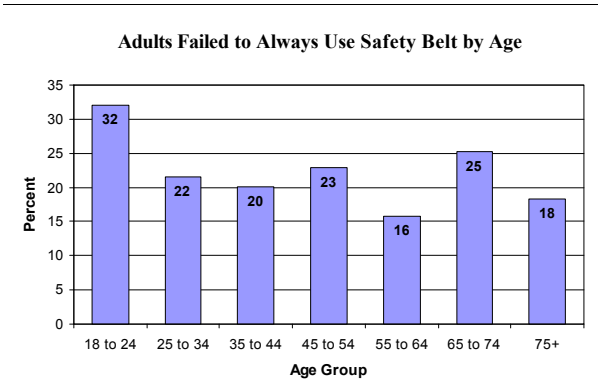
Nationwide in 1997, there were 3,220 deaths as a result of residential fires.[6] Compared to the total population, children aged 4 years and younger have twice the fire death rate.[6] Children are disproportionately affected because they react less effectively to a fire emergency than adults and because they can sustain more severe burns at lower temperatures.

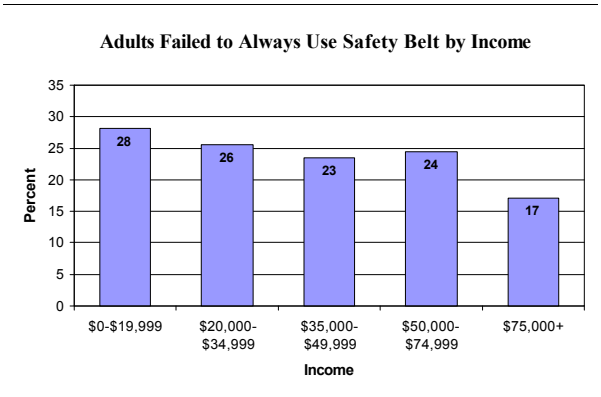
Four risk factors are featured in this chapter, three of which relate to injury prevention among children. This is appropriate because unintentional injuries are the leading cause of death among children aged 1 to 18 years.

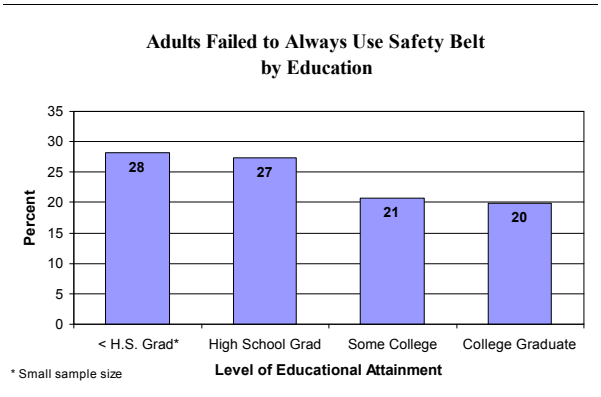
Adults at Risk for Not Always Wearing Safety Belt

Twenty-two percent of respondents in Johnson County reported that they did not "always" use a safety belt when riding or driving in a car. This is lower than the U.S. median prevalence (31% in 1997) and considerably lower than the percentage reported for Kansas in 1997 (46%). In Johnson County, males were nearly twice as likely as females to be at risk for not always wearing a safety belt (29% versus 16%). Risk varied across age groups and generally decreased with increasing household income and education of respondent.



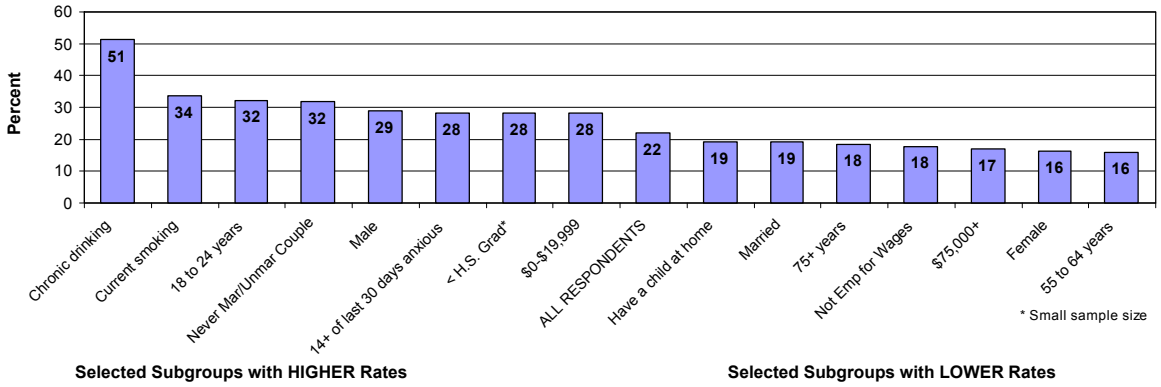






Fifty-one percent of those at risk for chronic drinking did not always wear a safety belt when driving or riding in a car. Other respondents which appeared to be at higher-than-average risk included current smokers and those who were never married or part of an unmarried couple.

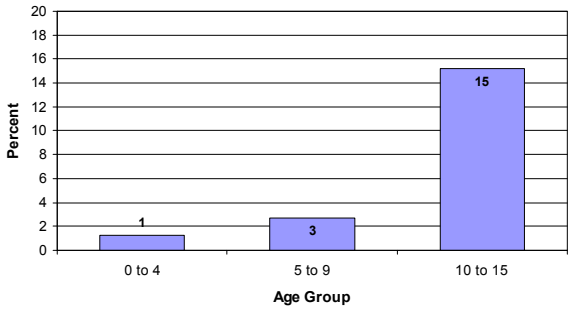
Adults Failed to Always Use Safety Belt by Selected Population Subgroups



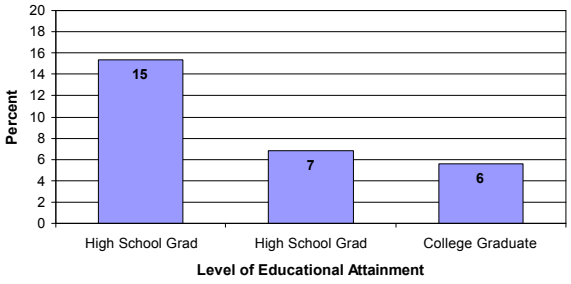
Children at Risk for Not Always Wearing Safety Restraint

Eight percent of children in Johnson County aged 0 to 15 were reported to not always be restrained with a safety seat or seat belt while riding in a car. This is lower than the median U.S. prevalence of 15% (1997) and considerably lower than the statewide percentage (24% in 1997). Risk increased with the age of the child. Risk appeared to decrease with increasing educational attainment of the adult respondent.

Child Failed to Always Use Safety Belt by Age



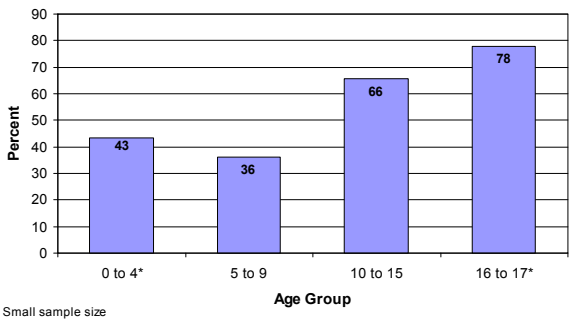
Child Failed to Always Use Safety Belt by Education of Adult Respondent



Child Didn't Always Wear Helmet

Fifty-two percent of Johnson County children who rode bicycles did not "always" wear a helmet. Risk tended to increase with age of the child.

Child Didn't Always Wear Helmet by Age



No Fire Escape Plan

Seventeen percent of respondents with children over the age of four reported that they had not discussed a fire escape plan with their children. There were no significant differences in demographic groups: lower-income versus higher-income, high school- versus college-educated, and married versus divorced respondents appeared to be at a similar level of risk.

References

[1] Kansas Department of Health and Environment, Office of Health Care Information. (2001) 1999 annual summary of vital statistics.

[2] Kansas Department of Department of Transportation, Kansas Accident Records System. (1990-1999) Electronic resource.

[3] Final Rule, FMVSS 208: occupant crash protection, 49 CFR, part 451. (1984) Washington D.C.: National Highway Traffic Safety Administration.

[4] Kahane CJ. (1986) An evaluation of child passenger safety: the effectiveness and benefits of safety seats (summary). Washington, D.C.: National Highway Traffic Administration; DOT publication no. (DOT HS) 806-889.

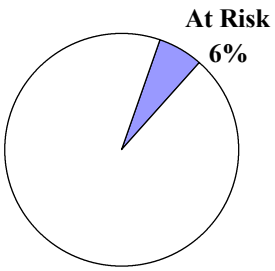
[5] Kansas Department of Health and Environment, Office of Local and Rural Health. (2001). Kansas county health profile.

[6] U.S. Department of Health and Human Services. (2000) Healthy people 2010: understanding and improving health.

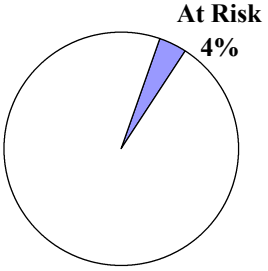
Chronic Drinking:
Respondents who reported having 60 or more drinks during the past 30 days.

Drinking and Driving:
Respondents who reported having driven after perhaps having had too much to drink, one or more times in the past 30 days.

Chronic Drinking



Drinking & Driving



ALCOHOL USE

Background

Consequences of alcohol use depend on when, how often, how much, blood level, and certain unique responses that vary among individuals.

Self-reported alcohol use is likely to be substantially under-reported.

Two risk factors:
- *Chronic drinking (high frequency of alcohol use)*
- *Driving after drinking*

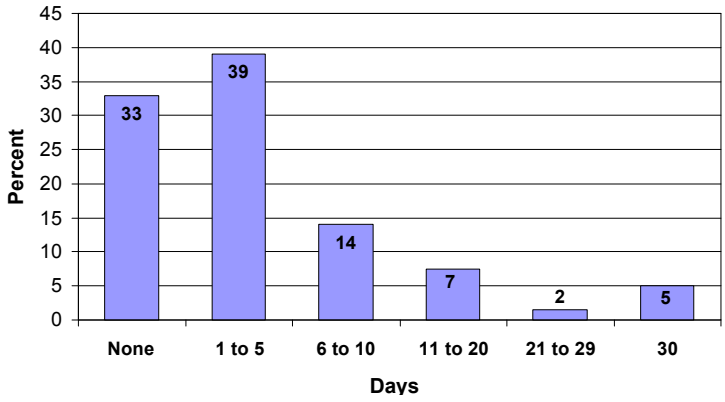
Consequences of alcohol use depend on when, how often, how much, blood level, and certain unique responses to ingestion that vary among individuals. Generally, the health effects arising from the use of alcohol relate to impaired reasoning and reflexes (leading to injuries and violence), exposure during pregnancy, and cumulative organ damage from chronic use. The highest safe level of chronic use of alcohol is unknown, but likely varies between individuals. Heavy alcohol consumption has been associated with an increased risk of numerous diseases including neurologic damage, vascular disease (heart disease, stroke, and high blood pressure), cirrhosis, and several types of cancer (e.g., esophageal, liver). Maternal use of alcohol during pregnancy is a leading cause of birth defects. No less a problem are the consequences of alcohol and drug use arising from impaired judgment of the user. The use of alcohol is a strong risk factor for both violent and unintentional injuries including homicide, suicide, assault, family abuse, motor vehicle crashes, and drowning. Alcohol use is also associated with an increased risk of contracting sexually transmitted diseases (including AIDS), and having an unintended pregnancy.

For this study, alcohol use was assessed using two indicators to measure high frequency of use and driving after drinking. Like all data in this survey, data related to alcohol use is self-reported. While self-reported risk has been found to be accurate for many risk factors, self-reported alcohol use is likely to be substantially under-reported. Because of the difficulty involved in collecting data regarding alcohol use by methods other than self-report, data derived from independently confirmed sources are rarely available.

Alcohol Consumption

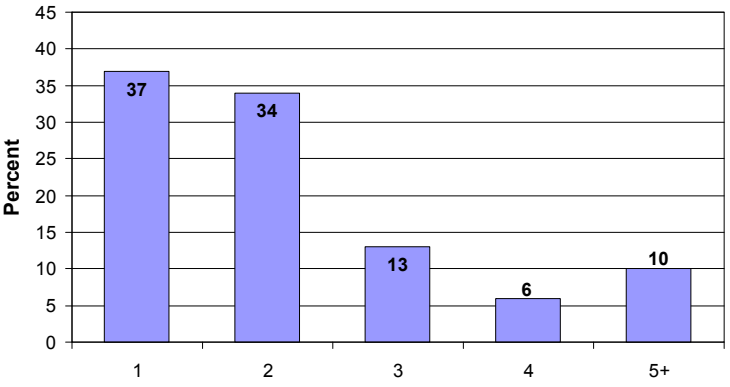
Sixty-seven percent of respondents reported any alcohol consumption during the 30 days before the interview; 39% of respondents consumed alcohol 1 to 5 days while 28% consumed alcohol more than 5 of the past 30 days.

How many days per month did you drink any alcoholic beverages?



Among those who drank, most reported having only one or two drinks on average.

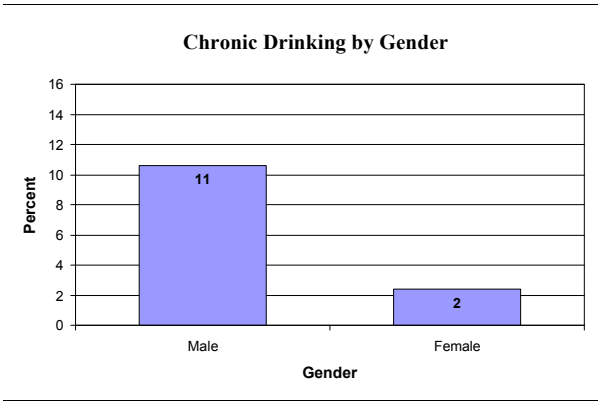
On days when you drank, how many drinks on average did you consume?

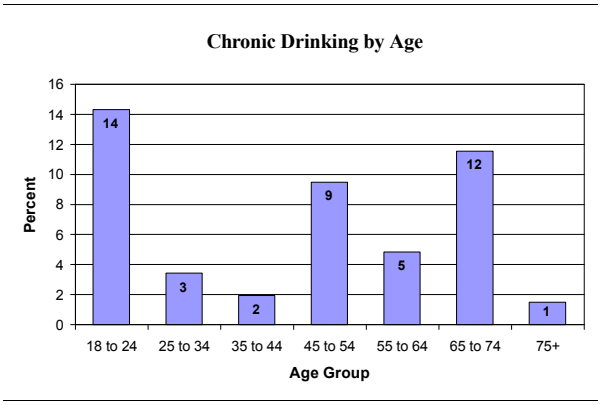


Chronic Drinking

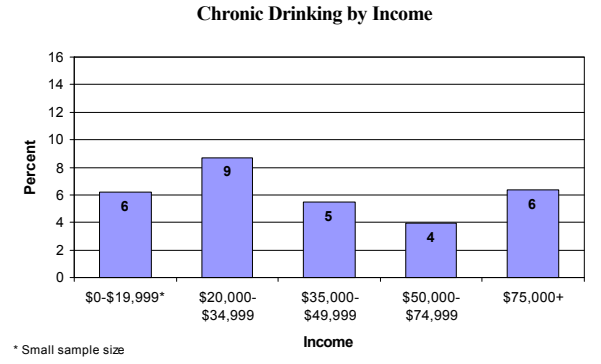
Six percent of respondents reported having 60 or more drinks per month, placing them at risk for chronic drinking. This is twice the percentage observed statewide (3%) in 1999.

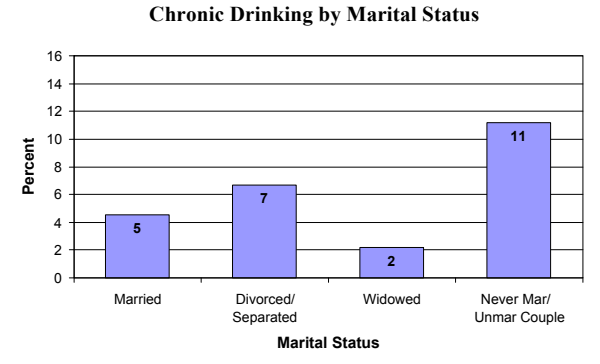
The observed risk for chronic drinking was five times higher among male respondents than female respondents (11% versus 2%). Looking across selected age groups, the highest percentages of chronic drinking were among persons aged 18 to 24 and 65 to 74.



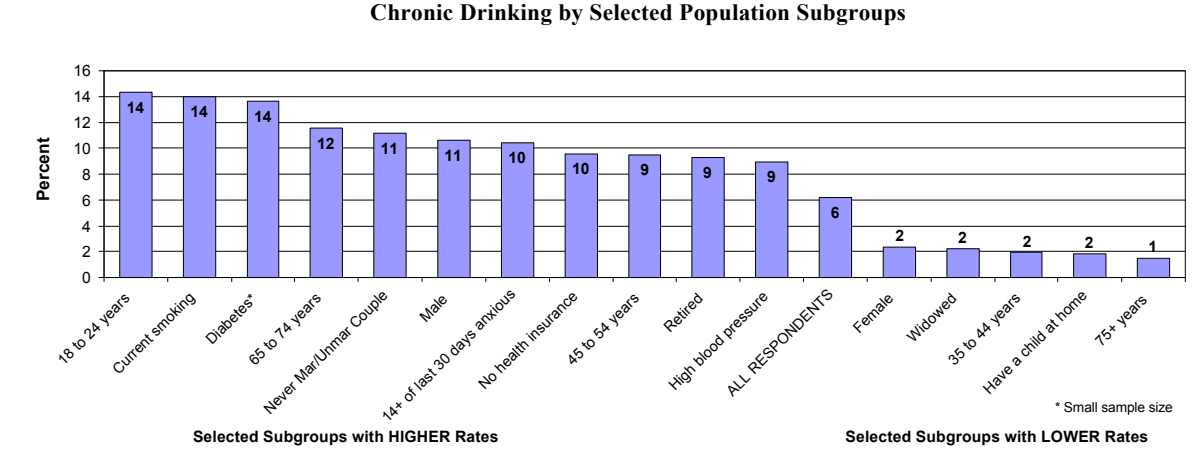


The reported percentages varied slightly across income groups. Considering marital status, the highest percentage was observed among persons who were never married or part of an unmarried couple; most of these persons were younger respondents.



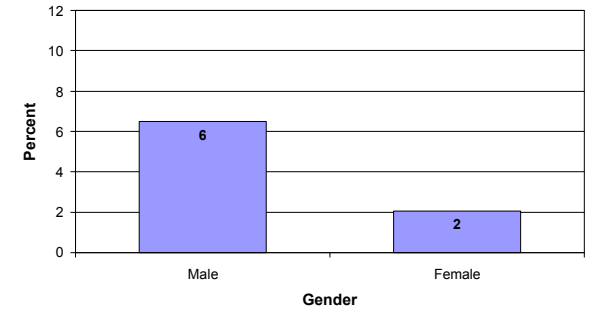


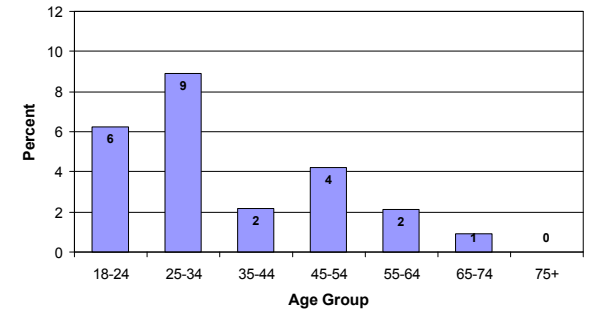
Other groups which appeared to be at a higher-than-average risk for chronic drinking included current smokers and persons reporting having been worried/tense/anxious for 14 or more of the past 30 days.



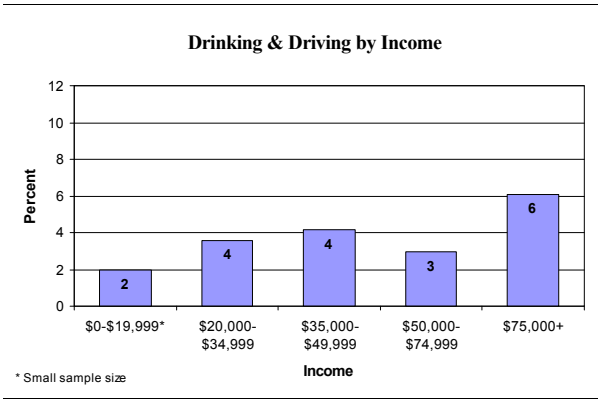
Drinking & Driving

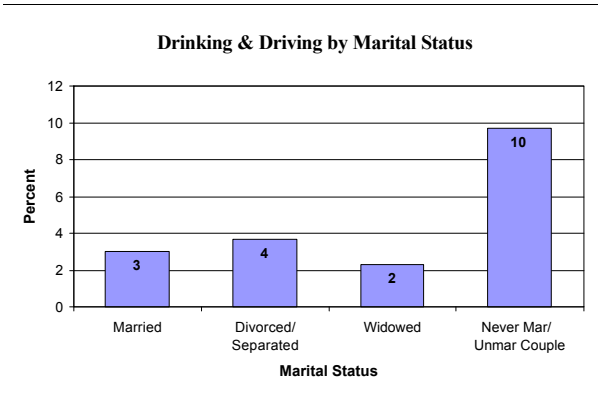
Four percent reported driving in the past month when they had perhaps had too much to drink, which is only slightly higher than the three percent reported statewide (1999). Men were three times as likely as women to report driving when they had perhaps had two much to drink (6% versus 2%). Comparing age groups, younger persons appeared to be more likely to drive after drinking.



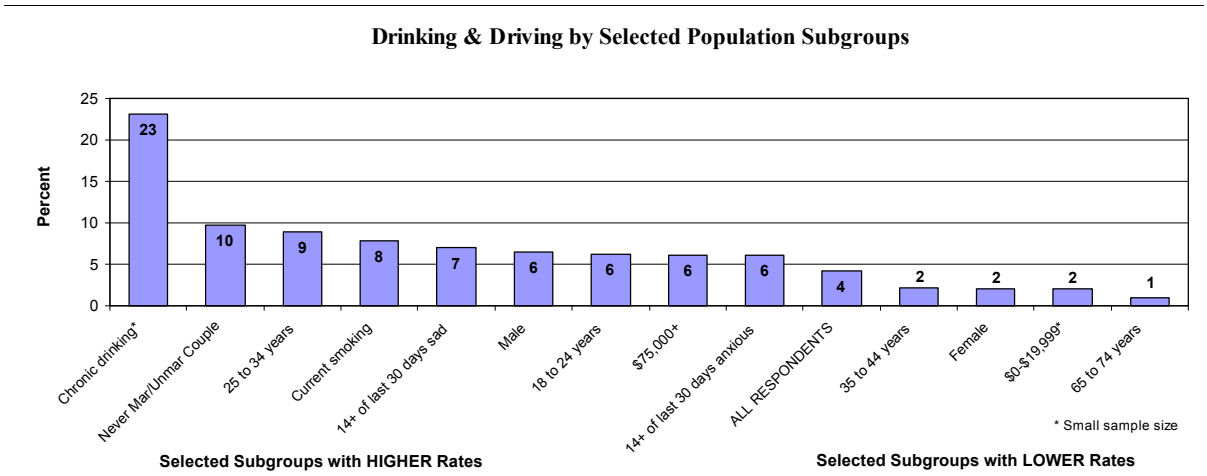


The highest prevalence of driving after drinking was among persons in the highest income group (annual household income greater than $75,000). Looking at marital status, highest risk was observed among persons who were never married or part of an unmarried couple.





Looking at other groups with a higher-than-average observed risk for driving after perhaps having had too much to drink, the most notable was persons at risk for chronic drinking.



Among respondents who drink, when asked "After how many alcoholic drinks will you not drive a car?" 3% indicated they would not drive after five drinks while 2% reported it would take six or more alcoholic drinks before they would not drive a car.

References

National Committee for Injury Prevention and Control. (1989) Injury prevention: meeting the challenge. New York: Oxford University Press.

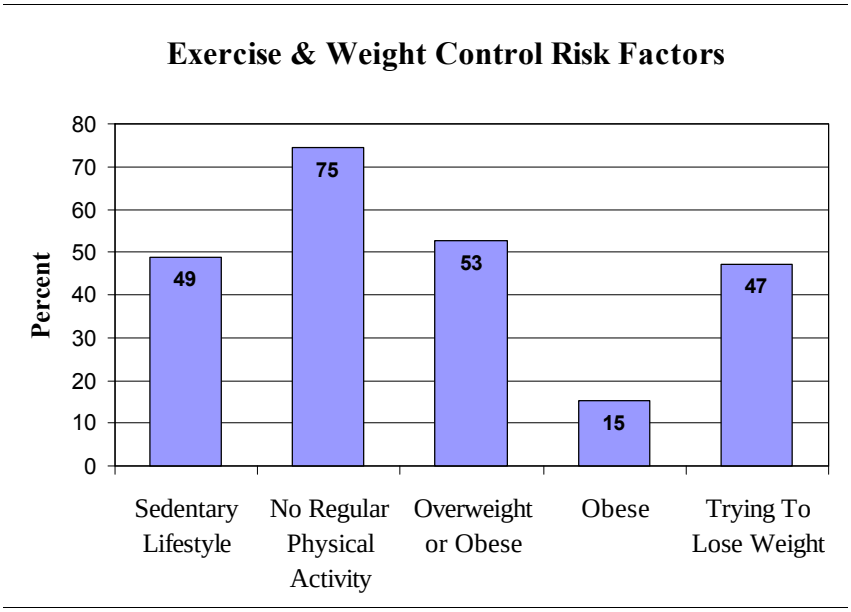
Dufour, M.C. (1998) Alcohol Use. In: Brownson, R.C., Remington, P.L., Davis, J.R. (eds.). Chronic disease epidemiology and control. American Public Health Association, Washington DC: United Book Press.

Sedentary Lifestyle: *Persons who did not engage in leisure time physical activity at least three times a week for at least 20 minutes each time.*

No Regular Physical Activity: *Persons who did not engage in leisure time physical activity at least five times a week for at least 30 minutes each time.*

Overweight or Obese: *Overweight or obese by National Heart, Lung, and Blood Institute standard: body mass index ≥25.*

Obese: *Obese by National Heart, Lung, and Blood Institute standard: body mass index ≥30.*



Trying to Lose Weight: *Persons who reported that they were currently trying to lose weight.*

EXERCISE & WEIGHT CONTROL

Background

In the U.S. today, one of the most common problems is the over-consumption of foods high in fat.

National dietary guidelines recommend that to maintain good health individuals should choose a diet high in grain products, vegetables, and fruits; moderate in salt, sugar, and sodium; and low in fat, saturated fat, and cholesterol. In the U.S. today, one of the most common problems is the over-consumption of foods high in fat.[1] Increasing attention has been paid to the problems of overweight and obesity in the United States. Since the late 1970s, the prevalence of overweight has increased from 26% of the population to about one-third in the late 1990s.[2] Health experts recommend a low-fat, high fiber diet in conjunction with regular physical activity to achieve or maintain a normal body weight.

Weight loss requires a significant lifestyle change; dietary changes alone may not be enough.

Overweight is associated with elevated cholesterol levels, blood pressure, type 2 diabetes, and cardiovascular disease, as well as an increase in the risk of gall bladder disease and some types of cancer.[1] Losing weight and maintaining the weight lost can be difficult. Although many people attempt to lose weight, within 5 years the majority will regain the weight.[3] Weight loss requires a significant lifestyle change, and dietary changes alone may not be enough. The 1995 *Dietary Guidelines for Americans* suggest that increased physical activity will help people lose weight and avoid gaining it back.[4]

While improvements have been made in the availability of low fat foods and nutritional information, challenges remain. Estimates indicate that over 40% of a family's food budget is spent on foods eaten outside of the home, and that these foods are higher in fats, cholesterol, and sodium and lower in fiber and calcium than

foods eaten at home.[1] To improve healthy eating, work sites, schools, and food-related businesses, such as supermarkets, fast food businesses and restaurants, can be allies in nutritional education.

The most successful weight loss strategies include calorie reduction, increased physical activity, and behavioral therapy to improve eating and physical activity habits.

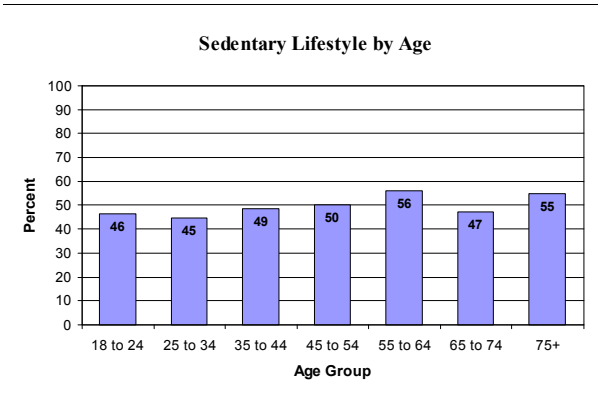
Policy makers, program planners, clinicians and the scientific community have collaborated to address the problem of overweight in this society. In 1998, the National Heart, Lung, and Blood Institute, in conjunction with the National Institute of Diabetes and Digestive and Kidney Diseases released the first federal guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. The expert panel identified the most successful weight loss strategies as including calorie reduction, increased physical activity, and behavioral therapy to improve eating and physical activity habits. Other recommendations suggest that patients should engage in moderate physical activity, progressing to 30 minutes or more on most or all days of the week. Furthermore, reducing dietary fat, without reducing calories, will not produce weight loss. However, cutting back on dietary fat can help reduce calories and is heart-healthy.[5] For those with Internet access, these guidelines, along with fact sheets and a BMI calculator to determine whether an individual is overweight or obese are available through the Heart, Lung, and Blood Institute's web site.[6]

Risk Factors:
(1) Sedentary lifestyle
(2) No regular physical activity
(3) Overweight or Obese
(4) Obese
(5) Trying to lose weight

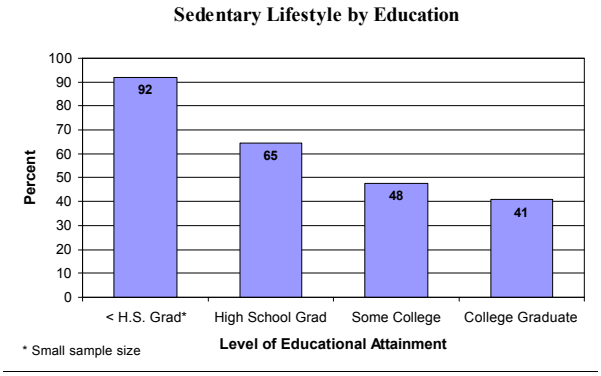
Five factors related to exercise and weight control are discussed in this chapter. Two risk factors relate specifically to physical activity: (1) percent at risk for sedentary lifestyle, which is defined as not engaging in leisure-time physical activity at least three times a week for at least 20 minutes each time and (2) percent at risk for no regular physical activity, which is defined as not engaging in leisure-time physical activity at least five times a week for at least 30 minutes each time. Two risk factors relate to the definition of overweight and obesity according to body mass index (BMI): (1) percent overweight or obese, which is defined as having a BMI greater than or equal to 25 and (2) percent obese, which is defined as having a BMI greater than or equal to 30. Body mass index is calculated by taking a person's weight in kilograms divided by their height in meters squared. The final risk factor is the percent of respondents who reported that they were trying to lose weight.

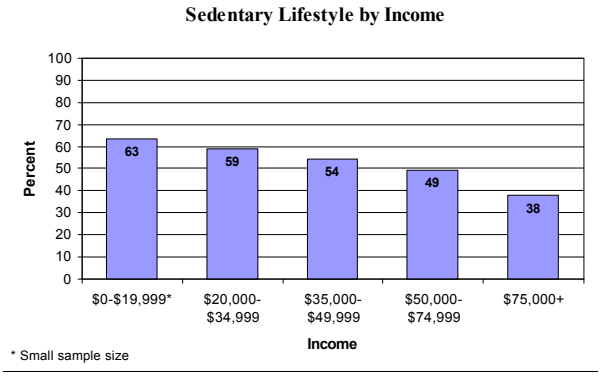
Sedentary Lifestyle

In Johnson County, 49% reported not engaging in leisure-time physical activity at least 20 minutes per day, three days a week. This is less than the 67% at risk statewide in 1998. In Johnson County, there was no reported difference between genders; 49% of both males and females were at risk. Risk for sedentary lifestyle varied across the age groups, with the greatest risk among those aged 55 to 64 years.

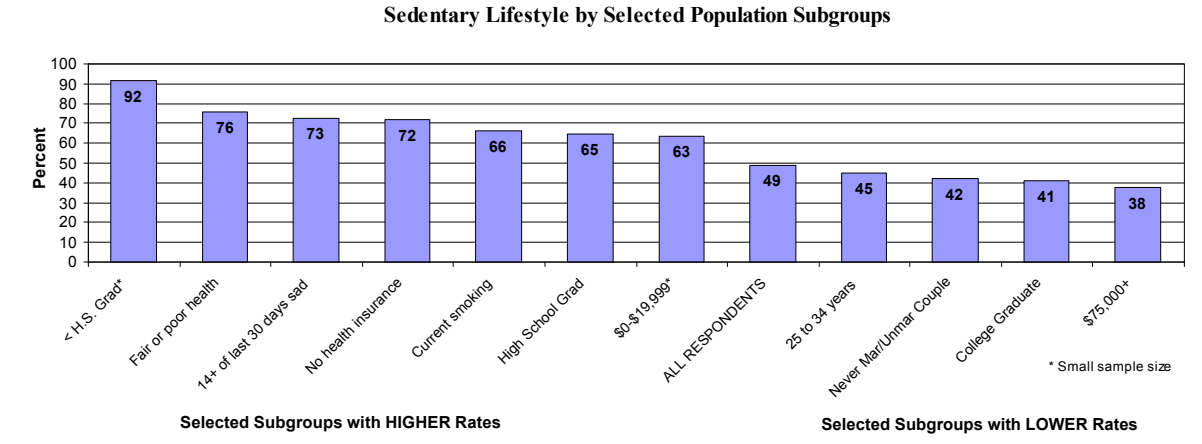


Considerable variation was observed between levels of household income and educational attainment; observed risk for sedentary lifestyle in Johnson County decreased with increasing income and education.



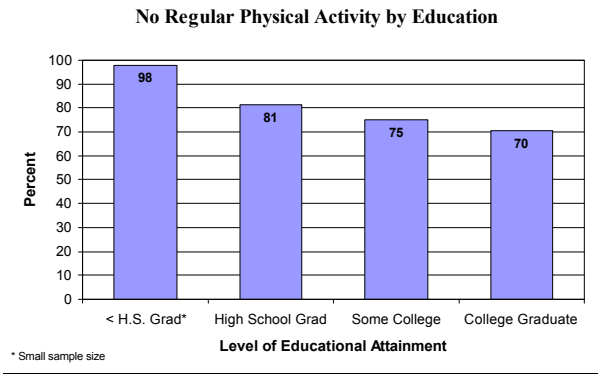


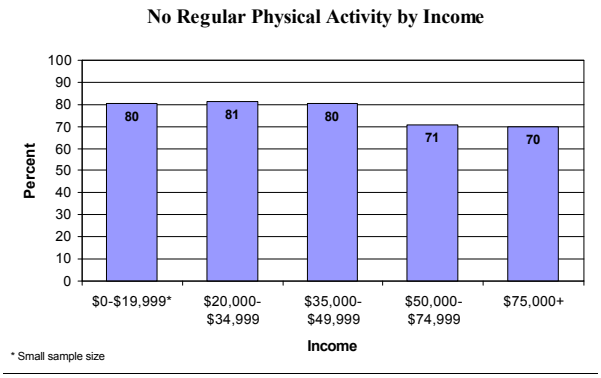
Other risk factors which appeared to be associated with greater risk for sedentary lifestyle in Johnson County included reporting “fair” or “poor” health, being sad/blue/depressed for 14 or more of the past 30 days, having no health insurance, and current smoking.



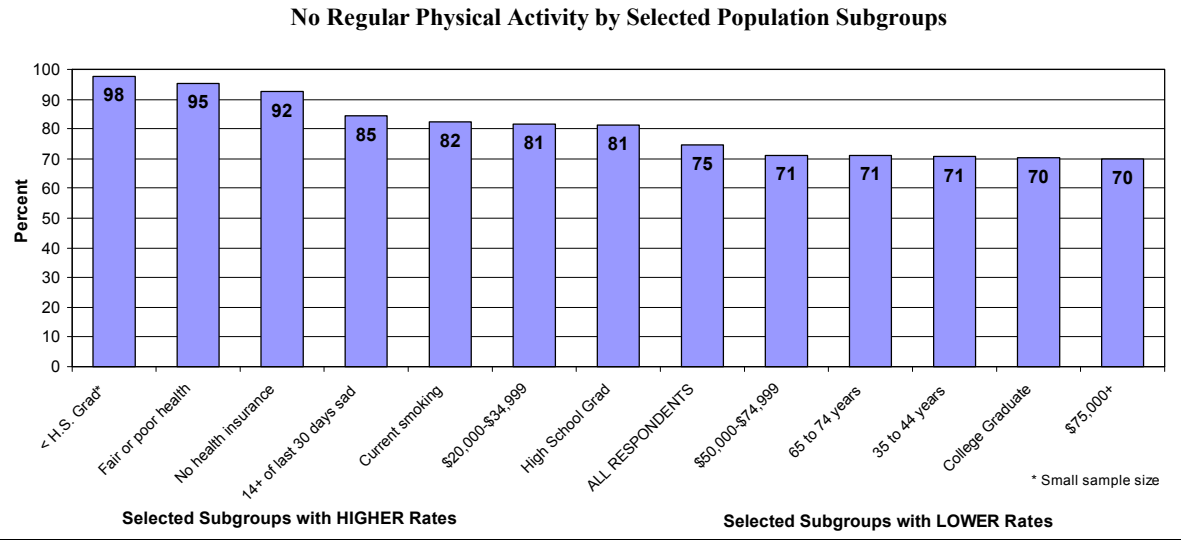
Regular Physical Activity

Seventy-five percent of respondents in Johnson County reported engaging in leisure-time physical activity less than 30 minutes per day, five days per week. This is less than the 82% reported statewide in 2000, but Johnson County needs to improve to meet the Healthy Kansans 2000 objective of 60%. There were no significant differences in risk between males and females for Johnson County. Risk varied across age groups, although not significantly. Highest risk was observed among persons aged 75 years and older; 80% reported not engaging in regular physical activity. As with risk for sedentary lifestyle, risk for regular physical activity appeared to decrease with increasing household income and educational attainment.





Other risk factors which appeared to be associated with no regular physical activity included reporting "fair" or "poor" health, having no health insurance, being sad/blue/depressed for 14 or more of the last 30 days, and current smoking.

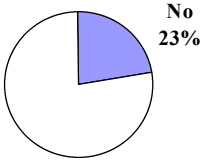


Any Physical Activity

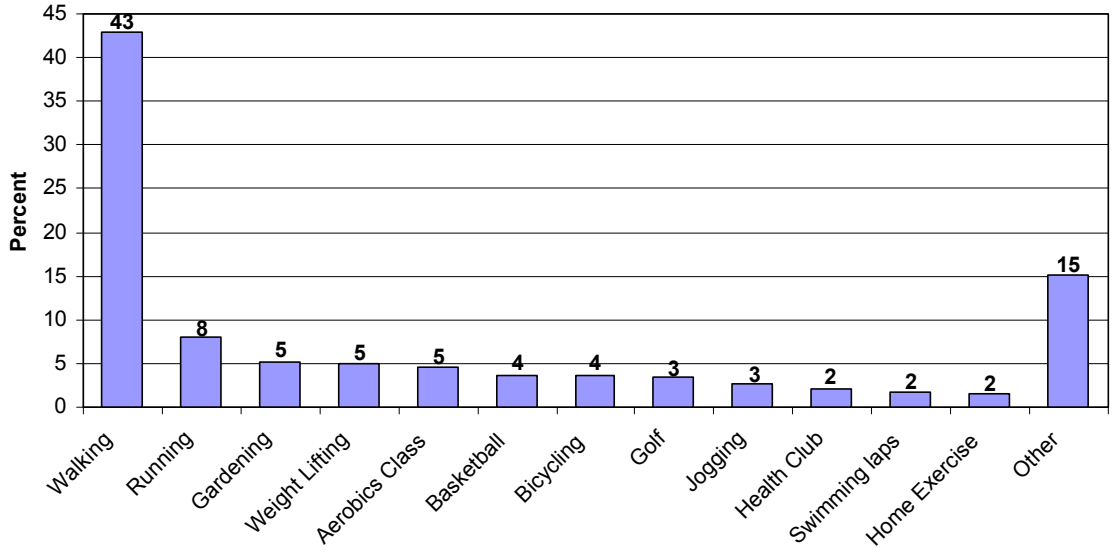
Twenty-three percent of Johnson County respondents reported engaging in no physical activity during the past month. This is less than the 38% reported statewide in 1998, but well above the Healthy Kansans 2000 objective of 15%.

Among those who did participate in a physical activity, walking was by far the most commonly-reported leisure-time physical activity. Other types of exercise reported included running, gardening, weight-lifting, and aerobics.

During the past month, did you participate in any physical activity or exercise?



What type of physical activity or exercise did you spend the most time doing during the past month?



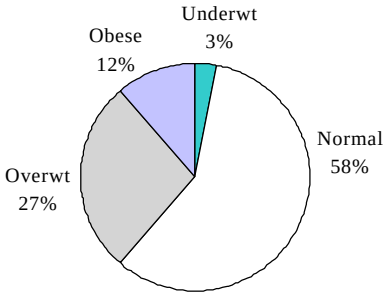
Body Mass Index (BMI)

The following two risk factors related to body mass index (BMI). As explained above, body mass index is a person's weight divided by height in meters squared. That National Heart, Lung, and Blood Institute lists the below weight categories by body mass index.

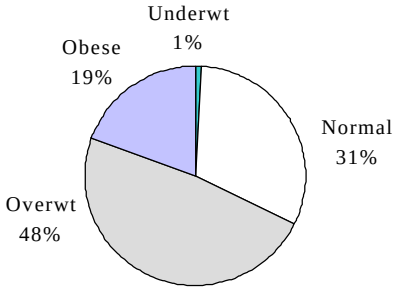
Underweight	BMI less than 18.5
Normal	BMI between 18.5 and 24.9
Overweight	BMI between 25.0 and 29.9
Obese	BMI equal to or greater than 30.0

Using this standard, only 31% of male respondents and 58% of female respondents fell into the normal range.

Female BMI Categories

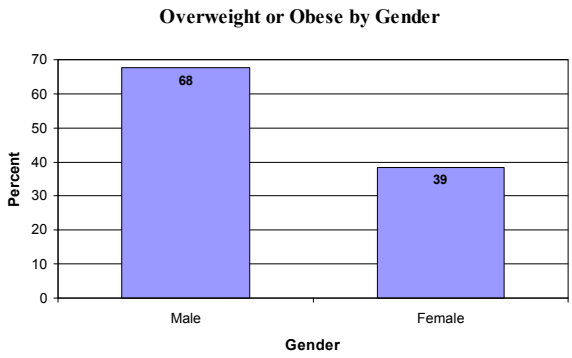


Male BMI Categories

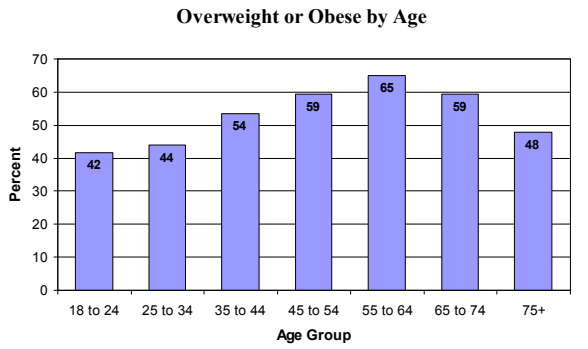


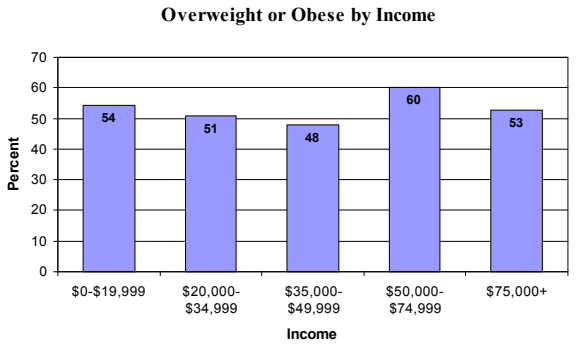
Overweight or Obese

Fifty-three percent of Johnson County respondents reported a body mass index (BMI) of 25 or greater, meeting the definition of "overweight" or "obese" set by the National Heart, Lung, and Blood Institute. This is slightly less than the percentage observed statewide in 2000 (59%). Using this definition, there are significantly more males than females in Johnson County at risk (68% versus 39%).



The percent at risk for being overweight or obese varies across age groups, with the highest risk observed among respondents aged 55 to 64 years. This is the same age group with the highest observed risk for sedentary lifestyle. Risk decreases with increasing levels of education and varies slightly across income groups.

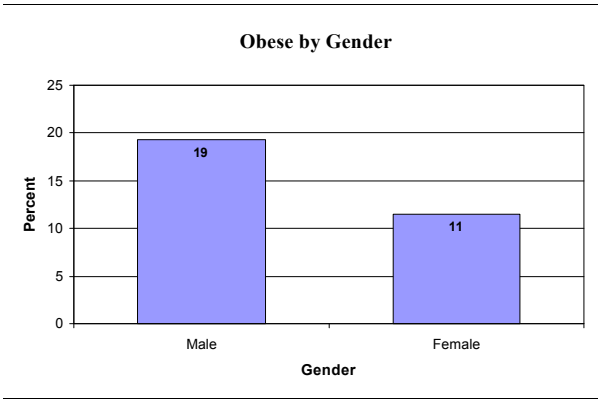




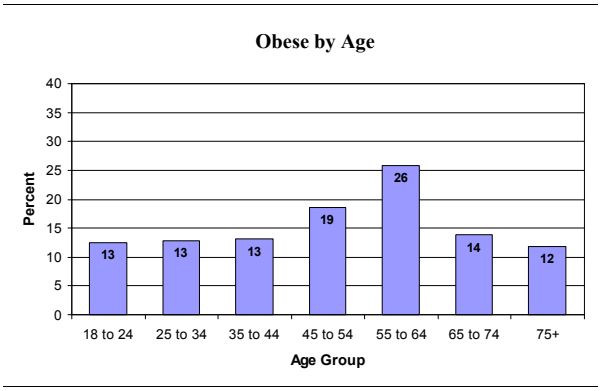
Other risk factors which appeared to be associated with risk for overweight or obesity include reporting high blood pressure, diabetes, high cholesterol, "fair" or "poor" health, and having an activity limitation.

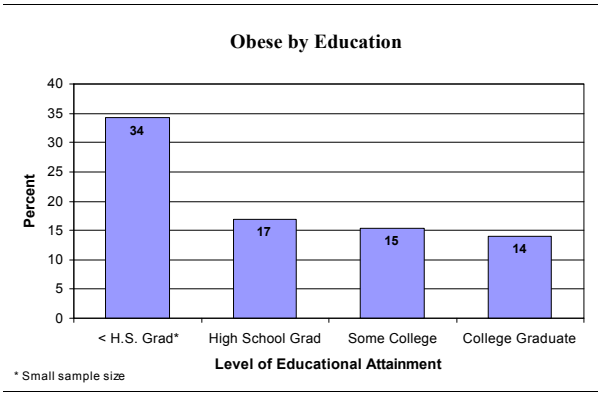
Obese

Fifteen percent of Johnson County residents reported a body mass index of 30 or greater, meeting the National Heart, Lung, and Blood Institute's definition of obese. This is slightly less than the 19% observed statewide in 1999. In Johnson County, males appeared to be slightly more at risk than females (19% versus 11%).

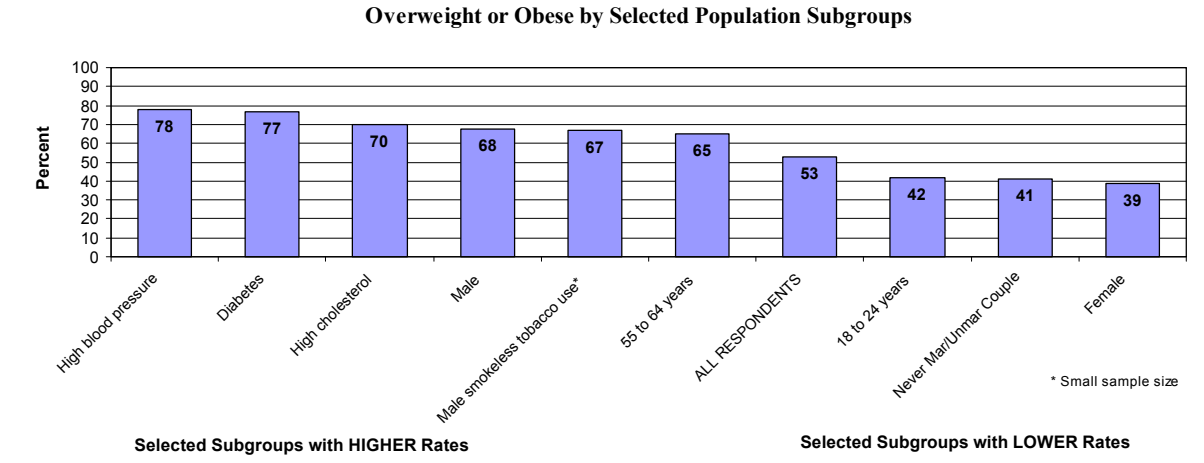


As with the sedentary lifestyle and overweight or obese risk factors, the age group with the highest reported risk was 55 to 64 years. The risk for obesity appeared to decrease with increasing levels of educational attainment; however, the sample size for persons with less than a high school education was quite small.





Other risk factors which appeared to be associated with obesity included having been sad/blue/depressed for 14 or more of the last 30 days, high blood pressure, diabetes, having limiting pain for one or more of the past 30 days, reporting "fair" or "poor" health, and having an activity limitation.

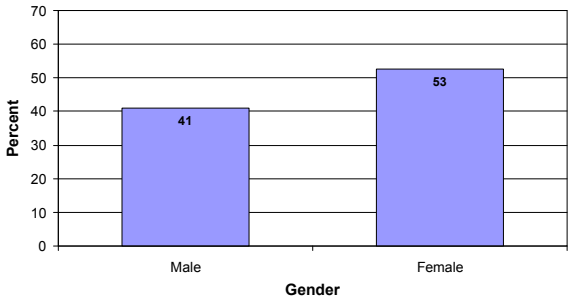


Trying to Lose Weight

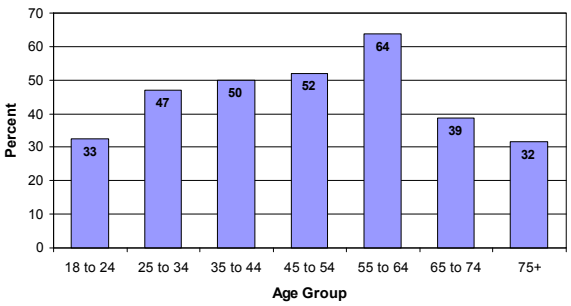
Forty-seven percent of respondents in Johnson County indicated that they were trying to lose weight, and 58% were trying to maintain their current weight. Of those who were trying to lose weight or maintain their current weight, 73% were eating fewer calories, less fat, or both to help in their weight-control efforts. Seventy-one percent of respondents who were trying to lose or maintain weight indicated that they were using physical activity or exercise. Twenty-four percent said that a health care professional had given them advice on losing or maintaining weight in the past twelve months.

Females were more likely than males to report trying to lose weight (53% versus 41%), and the percentage of people trying to lose weight varied across age groups, with persons aged 55 to 64 years reporting the highest percentage.

Trying to Lose Weight by Gender

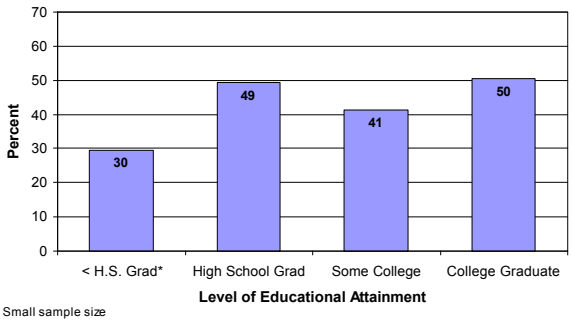


Trying to Lose Weight by Age



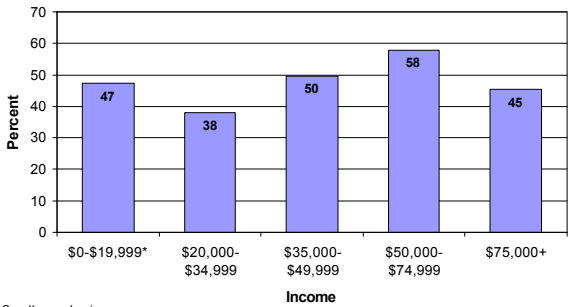
The observed percentage of persons trying to lose weight appears to increase with increasing levels of educational attainment and varies across income levels and marital status groups. However, most of the differences are not statistically significant.

Trying to Lose Weight by Education



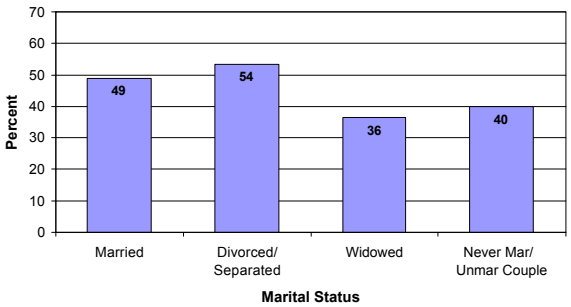
* Small sample size

Trying to Lose Weight by Income

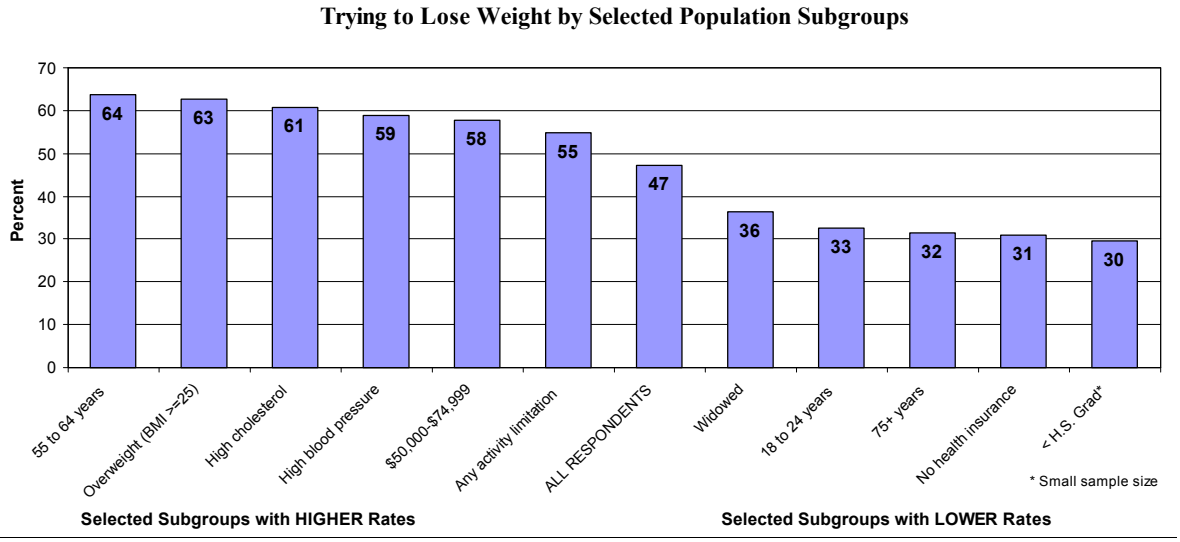


* Small sample size

Trying to Lose Weight by Marital Status



Other subpopulations with a higher-than-average observed percentage of respondents trying to lose weight included those who are at risk for high cholesterol and at risk for high blood pressure. Sixty-three percent of respondents who are at risk for overweight or obesity (BMI $ 25) are trying to lose weight. While this percentage is higher than the average, it tells us that over one-third of respondents who are at risk for being overweight or obese are *not* trying to lose weight.



Reference

[1] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (September 1998). HP 2010 Objectives: Draft for Public Comment.

[2] National Center for Health Statistics. Healthy People 2000 Review 1997. Hyattsville, MD: Public Health Service, U.S. Department of Health and Human Services.

[3] NIH Technology Assessment Panel. Methods for voluntary weight loss and control. Annals of Internal Medicine 1993; 64-770.

[4] Dietary Guidelines Advisory Committee. 1995 Dietary Guidelines for Americans. Available at http://www.nal.usda.gov.

[5] Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity. Available at http://www.nhlbi.nih.gov.

[6] Body Mass Index calculator. Available at http://www.nhlbisupport.com/bmi.

SURVEY QUESTIONS

This table provides the text of each question followed by the number and percentage of respondents for each response category (excluding unknown and refused). Not all persons were asked all questions. For instance, only women were asked questions about mammography. As another example, the question *"Do you smoke now?"* was only asked of persons who reported having ever smoked at least 100 cigarettes in their lifetime. However, the denominator for this question has been adjusted for this table to represent the entire population, thereby providing the percentage of current smokers in the entire population rather than the percentage of smokers among those who had ever smoked at least 100 cigarettes. The correct denominator is provided parenthetically after the text of the question.

All responses in this survey are weighted (see technical notes). Because each respondent has a different statistical weight, the number of respondents will not match the weighted percentage. For instance, if 100 persons were asked a question, 50 persons could say "yes" representing 45%, and the other 50 persons could say "no" representing 55%. Unless otherwise stated, results are weighted to adults 18 years and older. Questions which pertain to households are weighted using a household weight, and questions which pertain to children are weighted using a child weight appropriate to the age group specified by the question. When a household or child weight was used, this is specified after the text of the question.

Section 1: Health Status	n	%
Would you say that in general your health is: (among all respondents)		
Excellent	308	28.7
Very good	429	39.8
Good	260	24.4
Fair	57	5.4
Poor	21	1.8

Section 2: Health Care Access	n	%
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among all respondents)		
Yes	1013	94.0
No	60	6.0
Do you have Medicare? (among all respondents)		
Yes	161	14.6
No	910	85.4
What type of health care coverage do you use to pay for most of your medical care? (among all respondents reporting health care coverage) Do you have coverage through:		
Your employer	554	64.2
Someone else's employer	218	26.7
A plan that you or someone else buys on your own	63	7.1
Medicaid or Medical Assistance	5	0.7
The military, CHAMPUS, or the VA	2	0.1
Some other source	7	1.0
There are some types of coverage you may not have considered. Please tell me if you have any coverage through: (among respondents reporting no current health care coverage)		
Your employer	1	1.7
Someone else's employer	1	1.7
Medicare	1	1.1
None	57	95.5

Section 2: Health Care Access	n	%
About how long has it been since you had health care coverage? (among all respondents reporting no current heath care coverage)		
Within the past 6 months	13	25.9
Within the past year	8	19.6
Within the past 2 years	11	23.0
Within the past 5 years	12	18.5
5 or more years ago	8	13.1
During the past 12 months, was there any time that you did not have any health insurance or coverage? (among respondents reporting current health care coverage)		
Yes	45	4.6
No	968	95.3
Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (among all respondents)		
Yes	65	6.6
No	1010	93.4
Is there one particular doctor or health professional who you usually go to when you need routine medical care? (among all respondents)		
Yes, only one	902	82.4
More than one	30	3.1
No	144	14.5
About how long has it been since you last visited a doctor for a routine checkup? (among all respondents)		
Within the past year	804	73.7
Within the past 2 years	136	12.9
Within the past 5 years	60	6.4
5 or more years ago	63	6.8
Never	3	0.2

Section 3: Hypertension Awareness	n	%
About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (among all respondents)		
Within the past 6 months	831	77.8
Within the past year	132	12.0
Within the past 2 years	64	6.0
Within the past 5 years	29	3.0
5 or more years ago	13	1.2

Section 3: Hypertension Awareness

	n	%
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (among all respondents reporting having their blood pressure checked)		
Yes	238	21.7
No	835	78.3
Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (among all respondents reporting being told they had high blood pressure)		
More than once	172	71.9
Only once	65	28.1

Section 4: Cholesterol Awareness

	n	%
Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (among all respondents)		
Yes	876	81.2
No	175	18.8
About how long has it been since you last had your blood cholesterol checked? (among all respondents)		
Within the past year	562	53.0
Within the past 2 years	141	12.6
Within the past 5 years	96	10.0
5 or more years ago	61	5.2
Never	175	19.1
Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (among respondents reporting having their cholesterol checked)		
Yes	264	30.8
No	608	69.2

Section 5: Diabetes

	n	%
Have you ever been told by a doctor that you have diabetes? (among all respondents)		
Yes	53	5.3
Yes, but female told only during pregnancy	7	0.6
No	1014	94.2

Section 6: Exercise

	n	%
During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (among all respondents)		
Yes	831	77.4
No	245	22.6
What type of physical activity or exercise did you spend the most time doing during the past month? (among all respondents who participated in a physical activity)		
Walking	386	42.9
Running	59	8.1
Other	55	6.4
Gardening	42	5.1
Weight lifting	37	5.0
Aerobics class	42	4.6
Basketball	22	3.7
Bicycling	31	3.7
Golf	23	3.4
Jogging	18	2.7
Health club	20	2.2
Swimming laps	14	1.8
Home exercise	13	1.6
Soccer	6	1.4
Softball	7	1.1
Mowing lawn	4	0.6
Bicycling machine	4	0.6
Bowling	4	0.4
Calisthenics	3	0.4
Waterskiing	2	0.3
Horseback riding	3	0.2
Dancing	2	0.2
Skating	1	0.2
Fishing	1	0.1
How many times per week did you take part in this activity during the past month? (total times per week for a physical activity, among all respondents)		
None	245	22.7
Less than three	320	31.8
Three or four	315	28.9
Five or six	120	10.7
Seven or more	69	5.9

Section 6: Exercise	n	%

And when you took part in this activity, for how many minutes or hours did you usually keep at it? (total hours per week, among all respondents)

None	245	23.0
Less than one hour	493	46.0
One or two hours	268	25.5
Three or four hours	34	3.9
Greater than four	15	1.7

What other type of physical activity gave you the next most exercise during the past month? (among all respondents who participated in a second physical activity)

Weight lifting	47	17.7
Walking	56	17.6
Other	38	10.8
Gardening	31	9.6
Basketball	10	5.2
Bicycling	16	4.4
Running	11	3.9
Swimming laps	8	3.6
Aerobics class	9	3.5
Golf	11	3.5
Jogging	6	1.8
Health club	5	1.8
Home exercise	7	1.8
Calisthenics	5	1.5
Softball	3	1.3
Mowing lawn	4	1.3
Soccer	3	0.9
Volleyball	3	0.8
Tennis	3	0.8
Horseback riding	1	0.8
Judo or karate	2	0.4
Hiking	2	0.4
Bowling	1	0.2

How many times per week did you take part in this activity during the past month? (total times per week for a physical activity, among all respondents)

None	776	71.9
Less than three	189	17.6
Three or four	72	7.0
Five or six	22	2.2
Seven or more	16	1.2

Section 6: Exercise	n	%

And when you took part in this activity, for how many minutes or hours did you usually keep at it? (total hours per week, among all respondents)

None	776	72.1
Less than one hour	154	13.8
One or two hours	119	12.1
Three or four hours	14	1.3
More than four hours	8	0.7

Section 7: Seat Belt Use	n	%

How often do you use seat belts when you drive or ride in a car? (among all respondents)

Always	854	77.8
Nearly Always	131	13.4
Sometimes	39	3.7
Seldom	23	2.4
Never	27	2.7

What is the age of the oldest child in your household under the age of 16? (among households with one or more children 0-15 years old; weighted for children 0-15 years old)

0-1 years	29	9.8
2 years	16	5.4
3 years	14	4.7
4 years	28	9.1
5 years	21	5.5
6 years	23	6.6
7 years	16	3.9
8 years	23	6.8
9 years	20	5.4
10 years	22	4.2
11 years	24	4.4
12 years	40	7.6
13 years	36	7.1
14 years	41	6.7
15 years	54	12.7

Section 7: Seat Belt Use	n	%
How often does the oldest child in your household use a car safety seat [for child under 5] or seat belt [for child 5 or older] when they ride in a car? (among households with one or more children 0-15 years old; weighted for children 0-15 years old)		
Always	370	92.4
Nearly Always	27	5.5
Sometimes	6	1.2
Seldom	2	0.6
Never	1	0.3

Section 8: Tobacco	n	%
Have you smoked at least 100 cigarettes in your entire life? (among all respondents)		
Yes	481	45.5
No	588	54.5
Do you now smoke cigarettes everyday, some days, or not at all? (among all respondents)		
Everyday	153	14.3
Some days	48	5.1
Not at all	867	80.6
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (among respondents reporting non-daily current smoking)		
Less than half pack per day (ppd)	42	96.6
Half pack or more, but less than one ppd	2	2.4
One ppd	1	1.1
On the average, about how many cigarettes a day do you now smoke? (among respondents reporting smoking daily)		
Less than half pack per day (ppd)	45	29.8
Half pack or more, but less than one ppd	21	16.9
One ppd	61	37.7
More than one but less than two ppd	19	13.5
Two or more ppd	4	2.1
During the past 12 months, have you quit smoking for 1 day or longer? (among persons who smoke daily)		
Yes	72	49.8
No	81	50.2

Section 8: Tobacco	n	%
About how long has it been since you last smoked cigarettes regularly, that is, daily? (among former smokers)		
Within the past month	3	0.9
Within the past 3 months	6	1.8
Within the past 6 months	3	1.3
Within the past year	11	5.0
Within the past 5 years	49	19.9
Within the past 15 years	79	30.1
15 or more years ago	117	40.8

Section 9: Smokeless Tobacco Use	n	%
Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)		
Yes, chewing tobacco	81	8.8
Yes, snuff	18	2.4
Yes, both	36	3.8
No, neither	937	84.9
Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)		
Yes, chewing tobacco	18	2.0
Yes, snuff	5	0.9
No, neither	1049	97.1

Section 10: Demographics	n	%
What is your age? (among all respondents)		
18-24	82	11.3
25-34	204	19.5
35-44	269	26.8
45-54	232	18.6
55-64	125	10.2
65-74	94	8.8
75+	57	4.8
What is your race? (among all respondents)		
White	982	91.0
Black	39	3.3
Asian, Pacific Islander	18	2.1
American Indian, Alaska Native	5	0.3
Other	24	3.3

Section 10: Demographics	n	%
Are you of Spanish or Hispanic origin? (among all respondents)		
Yes	37	4.6
No	1035	95.4
Are you: (among all respondents)		
Married	642	67.7
Divorced/Separated	180	10.7
Widowed	81	4.9
Never married/Unmar. Couple	169	16.7
How many children live in your household who are less than 5 years old? (among all respondents, using household weight)		
One	121	12.9
Two	50	5.3
Three	8	1.2
Four	1	0.1
None	894	80.6
How many children live in your household who are 5 through 12 years old? (among all respondents, using household weight)		
One	147	13.5
Two	76	7.9
Three	16	1.6
Four	2	0.3
None	833	76.8
How many children live in your household who are 13 through 17 years old? (among all respondents, using household weight)		
One	126	12.2
Two	42	3.4
Three	4	0.4
None	901	83.9
What is the highest grade or year of school you completed? (among all respondents)		
Grades 1 through 8 (Elementary)	8	0.9
Grades 9 through 11 (Some high school)	15	1.6
Grade 12 or GED (High school graduate)	212	19.8
College 1 year to 3 years (Some college or technical school)	285	26.0
College 4 years or more (College graduate)	554	51.7

Section 10: Demographics	n	%
Are you currently: (among all respondents)		
Employed for wages	672	63.8
Self-employed	101	9.0
Out of work for more than 1 year	8	0.6
Out of work for less than 1 year	10	1.1
Homemaker	96	8.7
Student	17	2.0
Retired	154	13.5
Unable to work	16	1.1
Is your annual household income from all sources: (among all respondents)		
$0-$9,999	15	1.1
$10,000-$14,999	16	1.3
$15,000-$19,999	23	2.6
$20,000-$24,999	51	5.2
$25,000-$34,999	105	11.1
$35,000-$49,999	158	15.9
$50,000-$74,999	229	26.3
$75,000 or more	320	36.6
How many residential telephone numbers do you have?		
1	883	89.4
2	173	10.0
3	12	0.5
Gender of respondent: (among all respondents)		
Male	416	47.6
Female	660	52.4

Section 11: Women's Health	n	%
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (among women respondents)		
Yes	461	64.6
No	197	35.4
How long has it been since you had your last mammogram? (among women respondents reporting having had a mammogram)		
Within the past year (1 to 12 months ago)	294	63.8
Within the past 2 years (1 to 2 years ago)	90	20.0
Within the past 3 years (2 to 3 years ago)	32	7.3
Within the past 5 years (3 to 5 years ago)	15	3.1
5 or more years ago	25	5.8

Section 11: Women's Health	n	%

Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women respondents who have ever had a mammogram)

Routine checkup	403	88.4
Breast problem other than cancer	50	11.1
Had breast cancer	3	0.4

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (among women respondents)

Yes	619	93.7
No	37	6.3

How long has it been since your last breast exam? (among women respondents reporting having had a clinical breast exam)

Within the past year (1 to 12 months ago)	479	78.2
Within the past 2 years (1 to 2 years ago)	98	16.4
Within the past 3 years (2 to 3 years ago)	12	1.9
Within the past 5 years (3 to 5 years ago)	6	1.0
5 or more years ago	14	2.5

Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women respondents reporting having had a breast exam)

Routine checkup	594	96.6
Breast problem other than cancer	21	3.0
Had breast cancer	3	0.4

A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (among women respondents)

Yes	643	97.6
No	11	2.4

How long has it been since you had your last Pap smear? (among women respondents reporting having had a pap smear)

Within the past year (1 to 12 months ago)	478	76.6
Within the past 2 years (1 to 2 years ago)	96	14.1
Within the past 3 years (2 to 3 years ago)	23	3.4
Within the past 5 years (3 to 5 years ago)	9	1.5
5 or more years ago	30	4.5

Section 11: Women's Health	n	%

Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (among women respondents reporting having had a pap smear)

Routine exam	625	97.4
Check current or previous problem	14	2.2
Other	3	0.4

Have you had a hysterectomy? (among women respondents)

Yes	142	19.2
No	511	80.8

To your knowledge, are you now pregnant? (among women respondents 18-44 years old)

Yes	20	7.3
No	297	92.7

Section 12: Immunization	n	%

During the past 12 months, have you had a flu shot? (among all respondents)

Yes	407	36.1
No	660	63.9

Have you ever had a pneumonia vaccination? (among all respondents)

Yes	178	17.3
No	826	82.7

Section 13: HIV / AIDS	n	%

What are your chances of getting infected with HIV, the virus that causes AIDS? (among all respondents 18-64 years old)

High	10	1.1
Medium	18	1.8
Low	253	28.0
None	630	69.1

Have you ever had your blood tested for HIV? (among respondents reporting not having HIV and 18-64 years old)

Yes	451	52.7
No	434	47.3

Section 13: HIV / AIDS	n	%
When was your last blood test for HIV? (among all respondents reporting having had an HIV blood test and 18-64 years old)		
Before 1990	13	4.1
1990	11	3.3
1991	3	0.5
1992	8	1.9
1993	14	2.7
1994	14	3.8
1995	26	7.1
1996	16	4.0
1997	38	10.2
1998	53	14.9
1999	77	23.6
2000	83	24.1
What was the main reason you had your last blood test for HIV? (among respondents reporting having had an HIV blood test and18-64 years old)		
Just to find out if you were infected	93	19.5
Because of pregnancy	72	15.9
To apply for life insurance	45	11.9
For routine check-up	52	11.7
Because it was part of a blood test/donation process	50	11.3
Other	45	9.7
For hospitalization or surgical procedure	20	4.6
Because of occupational exposure	13	2.7
For military induction or military service	9	2.5
Because I am at risk for HIV	13	2.5
To apply for health insurance	10	2.0
To apply for a marriage license	8	1.9
For employment	6	1.2
Because of illness	4	1.2
For immigration	3	0.7
Because of referral by a doctor	2	0.5
Referred by your sex partner	1	0.2

Section 13: HIV / AIDS	n	%
Where did you have your last blood test for HIV? (among respondents reporting having had an HIV blood test and 18-64 years old)		
Private doctor, HMO	203	45.6
Hospital, emergency room, outpatient clinic	51	11.8
Blood bank, plasma center, Red Cross	44	9.1
Health department	37	7.1
At home, home visit by nurse or health worker	18	4.8
Other	21	4.7
Insurance company clinic	20	4.5
Military induction or military service site	11	2.9
Prenatal clinic, obstetrician's office	12	2.6
Other public clinic	6	1.6
Community health clinic	6	1.2
Clinic run by employer	3	1.1
AIDS clinic, counseling, testing site	4	0.9
At home using self-sampling kit	3	0.8
Immigration site	2	0.6
Family planning clinic	2	0.4
STD clinic	1	0.3
Did you receive the results of your last test? (among respondents reporting having had an HIV blood test and 18-64 years old)		
Yes	373	81.3
No	75	18.7

Section 14: Quality of Life	n	%
Are you limited in any way in any activities because of any impairment or health problem? (among all respondents)		
Yes	159	14.1
No	906	85.9

Section 14: Quality of Life	n	%
What is the major impairment or health problem that limits your activities? (among respondents reporting any activity limitation)		
Arthritis/rheumatism	27	15.4
Back or neck problem	18	13.8
Fractures, bone/joint injury	17	10.5
Lung/breathing problem	14	7.3
Walking problem	10	6.5
Heart problem	7	5.0
Stroke problem	6	3.7
Eye/vision problem	5	2.4
Diabetes	4	2.3
Cancer	2	1.1
Hearing problem	2	1.0
Hypertension/high blood pressure	1	0.4
Depression/anxiety/emotional problem	1	0.4
Other impairment/problem	44	30.1
For how long have your activities been limited because of your major impairment or health problem? (among respondents reporting any activity limitation)		
Six months or less	21	13.9
Six months to a year	0	0.0
One to five years	79	50.7
Six to ten years	27	15.8
11 to 20 years	17	12.5
More than 20 years	10	7.1
Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (among respondents reporting any activity limitation)		
Yes	12	6.2
No	147	93.8
Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (among respondents reporting any activity limitation)		
Yes	30	18.5
No	129	81.5

Section 14: Quality of Life	n	%
During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (among all respondents)		
0 days	836	79.2
1 to 4 days	95	9.0
5 to 13 days	39	3.9
14 to 29 days	31	2.7
30 days	57	5.2
During the past 30 days, for about how many days have you felt sad, blue, or depressed? (among all respondents)		
0 days	598	59.3
1 to 4 days	255	24.8
5 to 13 days	99	8.9
14 to 29 days	46	4.0
30 days	34	3.1
During the past 30 days, for about how many days have you felt worried, tense, or anxious? (among all respondents)		
0 days	370	36.0
1 to 4 days	267	27.3
5 to 13 days	185	18.1
14 to 29 days	91	8.8
30 days	107	9.8
During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (among all respondents)		
0 days	289	27.5
1 to 4 days	218	20.8
5 to 13 days	246	23.5
14 to 29 days	163	16.6
30 days	132	11.6
During the past 30 days, for about how many days have you felt very healthy and full of energy? (among all respondents)		
0 days	81	7.7
1 to 4 days	43	3.9
5 to 13 days	130	13.0
14 to 29 days	534	51.8
30 days	239	23.7

Module 1: Health of Children	n	%

What is the age of the randomly selected child? (among respondents reporting children in household; weighted for children 0-17)

Child less than one year	21	4.2
1	27	5.4
2	28	6.4
3	14	3.7
4	29	7.4
5	22	6.1
6	20	5.8
7	13	3.7
8	22	6.8
9	18	4.2
10	16	4.1
11	22	6.2
12	36	8.8
13	20	4.9
14	26	4.2
15	34	6.5
16	18	4.1
17	31	7.6

All of our questions will focus on the _____ year-old who lives in your household. How is the _____ year-old in your household related to you? (among respondents reporting children; weighted for children 0-17)

Son	194	47.2
Daughter	187	44.8
Stepdaughter	8	2.5
Stepson	8	2.1
Brother or Stepbrother	6	1.5
Other	4	0.8
Grandson	3	0.5
Sister or Stepsister	2	0.3
Granddaughter	2	0.3

Would you say that in general the _____ year old's health is: (among respondents reporting children; weighted for children 0-17)

Excellent	276	65.3
Very good	96	23.2
Good	43	11.0
Fair	1	0.4
Poor	0	0.0

Module 1: Health of Children	n	%

Is the _____ year-old limited in any way in any activities because of any impairment or health problem? (among respondents reporting children; weighted for children 0-17)

Yes	24	5.0
No	391	95.0

About how long has it been since the _____ year-old last visited a doctor for a routine checkup? (among respondents reporting children; weighted for children 0-17)

Within the past year (1 to 12 months ago)	368	90.5
Within the past 2 years (1 to 2 years ago)	25	6.6
Within the past 5 years (2 to 5 years ago)	8	2.1
5 or more years ago	4	0.8

Was there a time during the last 12 months when the _____ year-old needed to see a doctor, but could not because of the cost? (among respondents reporting children; weighted for children 0-17)

Yes	12	2.8
No	402	97.2

Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the _____ year-old is sick or you need advice about the _____ year-old's health? (among respondents reporting children; weighted for children 0-17)

Yes	396	95.6
More than one place	5	1.3
No	11	3.1

Does the _____ year-old have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among respondents reporting children; weighted for children 0-17)

Yes	393	95.5
No	19	4.5

Module 1: Health of Children	n	%

What type of health care coverage do you use to pay for most of the _____ year-old's medical care? (among respondents reporting children with health care coverage; weighted for children 0-17)

Your employer	189	44.1
Someone else's employer	161	46.9
A plan that you or someone else buys on your own	26	4.6
Medicaid or Medical Assistance	10	3.1
Medicare	2	0.8
Some other source	3	0.6

There are some types of coverage you may not have considered. Please tell me if the _____ year-old may have any of the following: (among respondents reporting children with no health care coverage; weighted for children 0-17)

Your employer	2	6.0
None	16	88.2

Did anyone in this household get food stamps at any time during the last 12 months? (among respondents reporting children; weighted for households)

Yes	6	1.4
No	409	98.6

Does the _____ year-old's father live in this household? (among female respondents reporting children and male respondents other than the child's father or stepfather; weighted for children 0-17)

No	70	24.3
Yes, Father	195	74.0
Yes, Stepfather or adoptive father	3	1.7

Does the _____ year-old's mother live in this household? (among male respondents reporting children and female respondents other than the child's mother or stepmother; weighted for children 0-17)

No	20	10.5
Yes, Mother	139	87.0
Yes, Stepmother or adoptive mother	4	2.4

Module 2: Child Health And Safety	n	%

Have you discussed with your child or children a specific plan for how to escape from your home in case of fire? (among respondents with children; using household weight)

Yes	298	70.9
No	115	29.1

Module 2: Child Health And Safety	n	%

How often, if ever, does your child wear a helmet when riding his or her bicycle? (among respondents with children)

Always	129	33.0
Nearly always	40	9.6
Sometimes	31	8.0
Seldom	19	5.0
Never	53	13.1
Child doesn't ride bike	138	31.3

Does anyone in your household under the age of 18: (among respondents with children; using household weight)

Drink alcohol?

Yes	7	1.5
No	406	98.5

Smoke cigarettes?

Yes	12	2.8
No	401	97.2

Use illegal drugs?

Yes	4	1.0
No	409	99.0

Is sexually active?

Yes	9	2.3
No	393	97.7

Module 3: Parenting	n	%

Note: All questions, except the first one, were only asked if the respondent was a parent or guardian.

Are you a parent or guardian of the ____ year-old child? (among all respondents reporting children in household; weighted for children 0-17 years old)

Yes	401	97.0
No	14	3.0

Would you say you are the parent or guardian who spends the most time caring for the ____ year-old child? (among respondents reporting children in household; weighted for children 0-17 years old)

Yes	260	69.0
No	126	31.0

Module 3: Parenting	n	%
Is the ____ year-old child's time divided between parents or guardians who live in separate households? (among respondents reporting children in household; weighted for children 0-17 years old)		
Yes	52	13.5
No	337	86.5
About how many hours did the ____ year-old child watch television yesterday? (among respondents reporting children in household; weighted for children 0-17 years old)		
None	83	20.2
One	103	26.5
Two	95	24.3
Three	48	13.6
4 or more	58	15.4
How many days out of the past seven days did you play a sport, physical game, or exercise together with the ____ year-old child? (among respondents reporting children 5-17 years old in household)		
None	114	40.3
One	36	13.4
Two	52	20.2
Three	24	9.4
Four plus	43	16.6
How many days out of the past seven days did you play a non-physical game with the ____ year-old child? (among respondents reporting children 5-17 years old in household)		
None	91	30.6
One	52	19.8
Two	49	19.0
Three	27	9.8
Four plus	54	20.8
How many days out of the past seven days did you watch television with with the ____ year-old child? (among respondents reporting children 5-17 years old in household)		
None	38	15.0
One	43	15.7
Two	43	14.8
Three	40	14.5
Four plus	111	40.0

Module 3: Parenting	n	%
How many days out of the past seven days did you spend at least 20 minutes talking with the ____ year-old child? (among respondents reporting children 5-17 years old in household)		
None	10	4.9
One	5	1.6
Two	19	6.7
Three	9	2.7
Four plus	234	84.1
How many days out of the past seven days did you help the ____ year-old child with school activities or homework? (among respondents reporting children 5-17 years old in household currently in school)		
None	72	29.1
One	20	7.5
Two	23	8.8
Three	27	11.4
Four plus	112	43.2
How many days out of the past seven days did you make the ____ year-old child responsible for completing a household chore? (among respondents reporting children 5-17 years old in household)		
None	16	5.0
One	16	6.5
Two	32	11.7
Three	44	16.6
Four plus	168	60.2
How many days out of the past seven days did you attend a game or event the ____ year-old child participated in? (among respondents reporting children 5-17 years old in household)		
None	152	55.4
One	59	21.3
Two	39	14.8
Three	11	3.7
Four plus	13	4.7
Are there family rules about . . . . . . what time the ____ year-old child goes to bed on a school night? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Yes	250	92.1
No	27	7.9

Module 3: Parenting	n	%
. . . the amount of time the ____ year-old child is allowed to watch television? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Yes	150	55.5
No	128	44.5
. . . which television programs and movies the ____ year-old child is allowed to watch? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Yes	232	84.9
No	46	15.1
. . . which computer or video games the ____ year-old child is allowed to play? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Yes	212	77.5
No	64	22.5
. . . use of the internet by the ____ year-old child? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Yes	191	69.8
No	80	30.2
Where does the ____ year-old child go most often when school lets out? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
Home	195	70.7
After school sport/club/other organized activity	25	7.1
Child care provider/babysitter	16	6.2
Not in school currently	12	4.2
Work	8	3.3
Friend's home	9	2.9
Other	5	2.4
Community organization (YMCA, library, etc.)	5	1.5
Spends time with friends	2	1.1

Module 3: Parenting	n	%
On how many days out of the past seven days was the ____ year-old child supervised by an adult after school? (among respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)		
None	22	9.5
One	5	1.8
Two	6	2.4
Three	9	4.2
Four	6	2.1
Five	167	79.9
How many days during the past seven days have you played a sport, physical game, or exercised with the ____ year-old child? (among respondents reporting children 0-4 in household)		
None	22	20.3
One	5	4.4
Two	9	7.9
Three	10	9.2
Four plus	68	58.3
How many days during the past seven days have you played a non-physical game with the ____ year-old child? (among respondents reporting children 0-4 in household)		
None	11	11.7
One	5	4.4
Two	7	5.9
Three	7	5.9
Four plus	85	72.2
How many days during the past seven days have you watched television with the ____ year-old child? (among respondents reporting children 0-4 in household)		
None	26	26.9
One	14	12.9
Two	9	8.2
Three	9	8.3
Four plus	52	43.7

Module 3: Parenting	n	%

How many days during the past seven days have you read to the ____ year-old child? (among respondents reporting children 0-4 in household;)

None	11	11.2
One	3	2.8
Two	2	1.8
Three	15	16.4
Four plus	84	67.7

About how many hours per week does the ____ year-old child spend in a day care center, day care home, or pre-school? (among respondents reporting children 0-4 in household; weighted for children 0-17 years old)

None	53	50.0
1 - 8	20	19.3
9 - 16	8	8.0
17 - 24	4	2.4
25 - 32	6	3.4
33 or more	24	17.0

Module 4: Mental Health	n	%

In the past year, did you think about seeking help from family or friends for any personal or emotional problems? (among all respondents)

Yes	225	19.7
No	820	80.3

In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems? (among all respondents)

Yes	182	15.5
No	864	84.5

During the past five years have you thought you might have depression? (among all respondents)

Yes	293	26.3
No	746	73.7

During the past five years have you been diagnosed with depression? (among all respondents reporting depression in the past five years)

Yes	112	35.0
No	178	65.0

Module 4: Mental Health	n	%

Did you receive treatment for your depression? (among all respondents reporting being diagnosed with depression in the past five years)

Yes	103	90.5
No	9	9.5

Who treated you for depression? (among all respondents reporting treatment for their depression in the past five years)

Family doctor	43	40.6
Mental health center	6	5.6
Psychiatrist	35	33.1
Psychologist	12	12.3
Other	5	7.7
Self-help group	1	0.6

Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it? (among all respondents)

Yes	11	0.9
No	1027	99.1

Why were you unable to get treatment for your personal or emotional problem? (among respondents reporting not being able to get treatment for personal or emotional help in the past five years)

Cost/Couldn't afford/Insurance wouldn't cover	8	76.1
Other	2	23.9

If you or someone in your family needed treatment for a mental health problem where would you go for help? (among all respondents)

Community Mental Health Center	129	11.1
Other	133	12.2
Employee Assitance Program	62	5.8
Church Related Social Service Agency	38	3.7
Counseling Center	36	3.5
Private Practice Provider	409	36.0
Self-Help Support Group	7	0.7

Module 4: Mental Health	n	%
When you are feeling depressed, who, if anyone, do you feel comfortable getting help from or talking to? (among all respondents)		
Don't talk to anyone/seek help	91	9.1
Doctor	74	6.8
Family	509	54.2
Friends	225	21.3
Local agencies	1	0.1
Religious leader	48	5.1
Other source	32	3.4
On a typical day would you say that your stress level is: (among all respondents)		
High	136	12.4
Moderate	491	45.9
Low	405	41.7

Module 5: Alcohol Consumption	n	%
During the past month, on about how many days, if any, did you drink any alcoholic beverages, such as beer, wine, wine coolers, or liquor? (among all respondents)		
None	345	33.0
One to five	409	39.0
Six to ten	140	14.1
11 to 20	81	7.4
21 to 29	14	1.5
30	48	5.0
On the days when you drank alcohol in the past month, about how many drinks did you drink each time? (among all respondents)		
One drink	272	24.5
Two drinks	233	22.6
Three drinks	80	8.5
Four drinks	39	4.2
Five or more	62	6.9
Don't drink	345	33.2

Module 5: Alcohol Consumption	n	%
After how many alcoholic drinks will you not drive a car? (among respondents who drink)		
Don't drive	71	11.3
1	170	26.9
2	195	31.3
3	100	16.9
4	49	8.6
5	15	2.7
Six or more	10	2.4
During the past month, how many times have you driven when you've had perhaps too much to drink? (among all respondents)		
One or more	38	4.2
None	887	95.8

Module 6: Weight Control	n	%
Are you now trying to lose weight? (among all respondents)		
Yes	506	47.2
No	527	52.8
Are you now trying to maintain your current weight, that is to keep from gaining weight? (among respondents reporting not trying to lose weight)		
Yes	310	58.4
No	213	41.6
Are you eating either fewer calories or less fat to lose weight or keep from gaining weight? (among respondents reporting trying to lose weight or maintain their current weight)		
Yes, fewer calories	135	16.8
Yes, less fat	174	21.1
Yes, fewer calories and less fat	285	35.0
No	215	27.1
Are you using physical activity or exercise to lose weight or keep from gaining weight? (among respondents reporting trying to lose weight or maintain their current weight)		
Yes	578	70.9
No	235	29.1
How much would you like to weigh (among all respondents)?		
Male (average, in pounds)	181.5	
Female (average, in pounds)	130.8	

Module 6: Weight Control	n	%
In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight (among all respondents)?		
Yes, lose weight	121	11.4
Yes, gain weight	5	0.7
Yes, maintain current weight	11	1.2
No	893	86.7

Module 7: Health Care Coverage	n	%
What is the main reason you are without health care coverage? (among persons without health care coverage currently)		
Lost job or changed employers	11	27.1
Employer doesn't offer or stopped offering coverage	3	7.5
Cut back to part time or became temporary employee	1	0.9
Couldn't afford to pay the premiums	17	23.0
Lost Medicaid or Medical Assistance eligibility	1	1.0
Other	17	40.6
Other than the heath care coverage which pays for most of your medical care, do you have any other type of health care coverage? (among all respondents with health care coverage)		
Yes	202	19.7
No	770	80.3
What was the main reason you were without health care coverage? (among persons with health insurance now, but without insurance during the past 12 months)		
Lost job or changed employers	26	61.2
Spouse or parent lost job or changed employers	4	10.8
Became divorced or separated	2	2.4
Couldn't afford to pay the premiums	2	3.4
Lost Medicaid or Medical Assistance eligibility	1	1.7
Other	8	20.5

Module 7: Health Care Coverage	n	%
In the past 12 months, what if anything, has prevented you from receiving the healthcare that you need? (among all respondents)		
Nothing has prevented me from receiving healthcare	828	87.7
Can't find a doctor I like	5	0.4
Doctor's hours aren't convenient	9	1.0
Doctors won't accept my insurance	5	0.4
Don't have transportation	2	0.2
Too expensive	45	4.6
Other	54	5.8

Module 8: Firearms	n	%
Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (among all respondents; using household weight)		
Yes	240	23.6
No	769	76.4
What is the main reason that there are firearms in or around your home? (among all respondents owning firearms; using household weight)		
Hunting or sport	149	64.2
Protection	31	12.5
Work	13	5.7
Some other reason	41	17.5
Is there a firearm in or around your home that is now both loaded and unlocked? (among all respondents owning firearms; using household weight)		
Yes	29	12.7
No	207	87.3
During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (among all respondents owning firearms excluding job-related requirements)		
Yes	3	1.2
No	236	98.8
In the past three years, have you attended a firearm safety workshop, class, or clinic? (among respondents reporting owning a firearm)		
Yes	28	12.6
No	211	87.4

Module 9: Preventive Counseling Serv.	n	%
Has a doctor or other health professional ever talked with you about your diet or eating habits? (among all respondents)		
Yes, within the past 12 months	178	15.8
Yes, within the past 3 years	83	7.9
Yes, 3 or more years ago	83	7.6
No	677	68.6
Has a doctor or other health professional ever talked with you about physical activity or exercise? (among all respondents)		
Yes, within the past 12 months	269	25.1
Yes, within the past 3 years	99	9.3
Yes, 3 or more years ago	70	7.0
No	584	58.6
Has a doctor or other health professional ever talked with you about injury prevention, such as safety belt use, helmet use, or smoke detectors? (among all respondents)		
Yes, within the past 12 months	107	11.4
Yes, within the past 3 years	21	2.1
Yes, 3 or more years ago	22	2.0
No	868	84.5
Has a doctor or other health professional ever talked with you about drug abuse? (among all respondents)		
Yes, within the past 12 months	36	4.2
Yes, within the past 3 years	13	1.2
Yes, 3 or more years ago	20	2.0
No	954	92.6
Has a doctor or other health professional ever talked with you about alcohol use? (among all respondents)		
Yes, within the past 12 months	49	6.0
Yes, within the past 3 years	14	1.4
Yes, 3 or more years ago	29	3.2
No	931	89.5
Has a doctor or other health professional ever advised you to quit smoking? (among respondents reporting current smoking)		
Yes, within the past 12 months	107	54.4
Yes, within the past 3 years	22	10.6
Yes, 3 or more years ago	18	7.5
No	48	27.6

Module 9: Preventive Counseling Serv.	n	%
Has a doctor or other health professional ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms? (among all respondents)		
Yes, within the past 12 months	123	13.4
Yes, within the past 3 years	40	3.4
Yes, 3 or more years ago	123	10.9
No	732	72.3

Module 10: Health Care Utilization	n	%
How would you rate your satisfaction with your overall health care? (among all respondents)		
Excellent	262	25.8
Very Good	404	39.8
Good	263	25.7
Fair	49	5.3
Poor	14	1.7
Not applicable/don't use any health services	21	1.8
If it is after 5 p.m., and you or someone in your household are in need of non-emergency medical care would you: (among all respondents)		
Call your doctor	303	31.0
Go to the emergency room	146	15.4
Go to an urgent care center	194	19.7
Wait until the next morning	329	33.9
When you need information about health services and health care, do you usually: (among all respondents)		
Ask a family member or friend	250	27.2
Ask a healthcare professional	554	57.5
Call the health department	17	1.6
Look in the Yellow Pages	19	2.2
Seek information from an internet site	76	7.0
Public library	7	0.8
Other	34	3.6

Module 10: Health Care Utilization	n	%
What is the main reason you do not have a usual source of medical care? (among respondents reporting no one particular health care provider)		
Two or more usual places	7	7.2
Have not needed a doctor	44	36.0
Do not like/trust/believe in doctors	9	6.3
Do not know where to go	6	6.4
Previous doctor is not available/moved	10	9.0
No insurance/cannot afford	11	7.6
Speak a different language	1	0.5
Other	39	26.9
Is there one of these places that you go to most often when you are sick or need advice about your health? (among respondents reporting more than one particular health care location)		
Yes	7	100.0
No	0	0.0
What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (among respondents reporting a usual source of medical care)		
Doctor's office or private clinic	792	87.5
Company or school health clinic/center	16	1.9
Community/migrant/rural clinic/center	23	3.1
County/city/public hospital outpatient clinic	14	1.6
Private/other hospital outpatient clinic	10	1.1
Hospital Emergency room	9	1.7
HMO/Prepaid group	14	1.8
Psychiatric hospital or clinic	1	0.1
VA hospital or clinic	4	1.0
Military health care facility	1	0.1
Some other kind of place	3	0.2
Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place? (among respondents reporting a usual source of medical care)		
Excellent	302	35.3
Very Good	289	32.9
Good	219	23.9
Fair	58	6.6
Poor	11	1.3

Module 10: Health Care Utilization	n	%
When did you last change doctors? (among respondents reporting a usual source of medical care)		
Within the past year (1 to 12 months ago)	155	18.4
Within the past 2 years (1 to 2 years ago)	102	11.1
Within the past 3 years (2 to 3 years ago)	88	10.4
Within the past 5 years (3 to 5 years ago)	98	11.9
5 or more years ago	331	36.8
Never	92	11.3
Why did you change doctors that last time? (among respondents reporting having changed doctors)		
Changed residence or moved	199	27.0
Changed jobs	16	2.1
Changed health care coverage	185	23.7
Provider moved or retired	149	19.6
Dissatisfied with former provider or liked new provider better	84	10.6
Former provider no longer reimbursed by my health care coverage	23	2.9
Medical care needs changed	17	2.2
Other	87	11.9
Does difficulty with transportation sometimes prevent you from seeing a doctor? (among all respondents)		
Yes	27	2.7
No	983	97.3

Module 11: Oral Health	n	%
About how long has it been since you last visited a dentist for a routine check-up? (among all respondents)		
Within the past six months	629	61.9
Between six months and 1 year	185	19.2
Between 1 and 2 years	52	5.3
Between 2 and 5 years	75	7.6
5 or more years ago	57	5.3
Never	4	0.6

Module 11: Oral Health	n	%
What is the main reason you have not visited the dentist in the last year? (among respondents reporting no dentist visit in the past year)		
Fear, apprehension, nervousness, pain, dislike going	28	16.7
Cost	44	20.8
Do not have/know a dentist	8	4.3
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	1	0.3
No reason to go (no problems, no teeth)	59	33.1
Other priorities	15	8.4
Have not thought of it	8	4.2
Other	19	12.2
How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (among all respondents)		
5 or fewer	215	21.0
6 or more but not all	70	6.0
All	37	3.1
None	677	69.8
Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (among all respondents)		
Yes	725	73.0
No	271	27.0
Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal? (among all respondents)		
Yes, fillings, caps or crowns, or root canal	116	11.5
Yes, teeth pulled, dentures or partials	28	2.6
Yes, both	28	2.3
No	825	83.6

RISK FACTOR TABLES
Definitions

Number At Risk (Unweighted): The raw number of respondents who reported being at risk for the defined health risk behavior.

Percent Subpop. at Risk (Weighted): Percentage of Johnson County residents at risk for the defined health risk behavior. The data are weighted to more closely resemble the characteristics of the population of Johnson County (See interpretation of results for more information on the weighting procedure).

95% CI: Confidence intervals represent statistically derived ranges around the estimated percent at risk (estimated because the entire population of the county was not interviewed). The true percentage in the population (the value that would have been obtained if everyone in the county had been interviewed) is 95% likely to lie within the confidence interval limit. In the example below, 12% represents the best estimate of the frequency of the characteristic in the population. Almost certainly (i.e., only 5% chance of being wrong) the true value for the population lies between 10 and 14. The certainty of the estimate (how narrow the confidence limits are) depends on the number of persons in the survey and the number at risk.

Table A: Example

Subpopulation	Number At Risk	Percent Subpop. at Risk	95% CI
	n	%	
Total	113	12	10 - 14
Age Group			
18-24	3	5	0 - 11
25-34	5	5	0 - 10
35-44	8	3	1 - 7
45-54	22	15	9 - 22
55-64	16	17	9 - 26
65-74	26	22	14 - 30
75+	33	30	22 - 40

Table A: Fair or Poor General Health*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	78	7%	6 - 9
Age Group			
18-24	6	8%	2 - 15
25-34	8	4%	1 - 7
35-44	7	3%	1 - 5
45-54	12	5%	2 - 8
55-64	12	9%	3 - 14
65-74	17	19%	10 - 27
75+	16	27%	14 - 39
Gender			
Male	26	6%	4 - 9
Female	52	8%	6 - 10
Education			
< H.S. Grad	4	15%	0 - 33
High School Grad	28	13%	8 - 17
Some College	22	7%	4 - 10
College Graduate	24	5%	3 - 7
Income			
$0-$19,999	19	34%	20 - 48
$20,000-$34,999	17	13%	6 - 19
$35,000-$49,999	7	6%	2 - 10
$50,000-$74,999	14	6%	3 - 9
$75,000+	7	2%	0 - 4
Marital Status			
Married	40	6%	4 - 8
Divorced/Separated	12	7%	3 - 12
Widowed	14	19%	9 - 29
Never Mar./Unmar. Couple	11	7%	2 - 11
Employment			
Employed for Wages	26	4%	3 - 6
Self-Employed	1	1%	0 - 3
Not Emp for Wages	19	11%	6 - 16
Retired	31	21%	14 - 28
Other			
Limiting pain in last 30 days	45	19%	13 - 25
14+ of last 30 days anxious	22	12%	6 - 17
14+ of last 30 days sad	20	27%	16 - 39
Any activity limitation	50	30%	22 - 38
Diabetes	14	23%	10 - 35
Sedentary lifestyle	57	11%	8 - 14
Overweight (BMI >=25)	46	9%	6 - 11
Current smoking	14	8%	4 - 13
No health insurance	2	3%	0 - 9
Couldn't afford doctor visit	10	14%	5 - 22
High blood pressure	36	15%	10 - 20
High cholesterol	32	11%	7 - 15
Chronic drinking	2	5%	0 - 13

*Respondents who reported their health in general as fair or poor (among all respondents).

Table B: Lacked Health Care Coverage*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	57	6%	4 - 7
Age Group			
18-24	14	16%	8 - 24
25-34	16	9%	4 - 13
35-44	11	5%	1 - 8
45-54	13	5%	2 - 8
55-64	3	2%	0 - 4
65-74	0	0%	-
75+	0	0%	-
Gender			
Male	24	6%	3 - 9
Female	33	6%	3 - 8
Education			
< H.S. Grad	8	48%	23 - 73
High School Grad	17	9%	4 - 13
Some College	23	8%	5 - 12
College Graduate	9	1%	0 - 2
Income			
$0-$19,999	13	23%	9 - 37
$20,000-$34,999	19	15%	8 - 22
$35,000-$49,999	7	6%	1 - 11
$50,000-$74,999	8	3%	1 - 6
$75,000+	4	1%	0 - 2
Marital Status			
Married	18	3%	2 - 5
Divorced/Separated	20	14%	7 - 20
Widowed	2	2%	0 - 4
Never Mar./Unmar. Couple	17	11%	6 - 17
Employment			
Employed for Wages	29	5%	3 - 7
Self-Employed	11	8%	3 - 14
Not Emp for Wages	17	13%	7 - 20
Retired	0	0%	-
Other			
Limiting pain in last 30 days	13	7%	3 - 12
14+ of last 30 days anxious	19	9%	4 - 13
14+ of last 30 days sad	8	11%	2 - 19
Diabetes	1	2%	0 - 5
Sedentary lifestyle	40	9%	6 - 12
Overweight (BMI >=25)	19	4%	2 - 7
Current smoking	24	13%	7 - 18
Fair or poor health	2	3%	0 - 7
Couldn't afford doctor visit	19	29%	16 - 42
High blood pressure	6	3%	0 - 5
Lacked mammogram	8	7%	2 - 12
Lacked clinical breast exam	5	11%	0 - 21
Lacked mammogram and CBE	2	3%	0 - 7
Lacked pap smear	6	9%	1 - 18
Have a child at home	24	6%	3 - 9

*Respondents reporting no health insurance of any kind at the time of the survey (among all respondents).

Table C: Unable to See a Doctor Due to Cost in Past 12 Months*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	65	7%	5 - 8
Age Group			
18-24	12	13%	5 - 20
25-34	8	3%	1 - 5
35-44	19	9%	5 - 13
45-54	14	8%	2 - 13
55-64	6	3%	0 - 6
65-74	1	2%	0 - 5
75+	5	6%	1 - 12
Gender			
Male	20	5%	3 - 8
Female	45	8%	5 - 11
Education			
< H.S. Grad	5	25%	3 - 48
High School Grad	26	12%	7 - 18
Some College	14	5%	2 - 8
College Graduate	19	4%	2 - 6
Income			
$0-$19,999	9	15%	5 - 25
$20,000-$34,999	19	14%	8 - 20
$35,000-$49,999	14	8%	3 - 14
$50,000-$74,999	12	6%	2 - 9
$75,000+	5	2%	0 - 4
Marital Status			
Married	33	6%	4 - 8
Divorced/Separated	18	11%	6 - 16
Widowed	4	5%	0 - 9
Never Mar./Unmar. Couple	9	5%	1 - 8
Employment			
Employed for Wages	38	6%	4 - 8
Self-Employed	6	5%	0 - 10
Not Emp for Wages	15	10%	5 - 16
Retired	5	3%	0 - 5
Other			
Limiting pain in last 30 days	27	15%	9 - 21
14+ of last 30 days anxious	24	12%	7 - 17
14+ of last 30 days sad	11	17%	6 - 27
Any activity limitation	23	14%	8 - 20
Diabetes	3	12%	0 - 27
Sedentary lifestyle	45	10%	7 - 13
Overweight (BMI >=25)	31	7%	4 - 9
Current smoking	24	13%	7 - 18
No health insurance	19	33%	19 - 48
Fair or poor health	10	13%	5 - 21
High blood pressure	13	6%	2 - 11
Lacked mammogram	10	16%	6 - 26
Lacked clinical breast exam	5	18%	1 - 35
Lacked mammogram and CBE	4	13%	0 - 27
Lacked pap smear	2	3%	0 - 9
High cholesterol	16	8%	3 - 12

*Respondents who were unable to see a doctor because of the cost (among all respondents).

Table D: No Regular Health Care Professional*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	144	15%	12 - 17
Age Group			
18-24	33	40%	28 - 52
25-34	34	15%	10 - 20
35-44	40	16%	11 - 22
45-54	22	9%	5 - 13
55-64	10	7%	3 - 12
65-74	4	4%	0 - 7
75+	1	1%	0 - 4
Gender			
Male	75	18%	14 - 22
Female	69	12%	9 - 15
Education			
< H.S. Grad	9	43%	18 - 68
High School Grad	33	16%	10 - 22
Some College	37	14%	9 - 19
College Graduate	65	13%	10 - 16
Income			
$0-$19,999	11	17%	6 - 28
$20,000-$34,999	34	27%	18 - 35
$35,000-$49,999	23	17%	10 - 24
$50,000-$74,999	29	14%	9 - 19
$75,000+	25	8%	4 - 11
Marital Status			
Married	63	11%	8 - 14
Divorced/Separated	25	15%	9 - 21
Widowed	4	4%	0 - 8
Never Mar./Unmar. Couple	51	31%	23 - 40
Employment			
Employed for Wages	95	15%	12 - 18
Self-Employed	13	13%	6 - 21
Not Emp for Wages	29	25%	16 - 33
Retired	7	4%	1 - 8
Other			
Limiting pain in last 30 days	34	17%	11 - 23
14+ of last 30 days anxious	36	19%	12 - 25
14+ of last 30 days sad	18	21%	11 - 32
Diabetes	3	5%	0 - 10
Overweight (BMI >=25)	63	13%	9 - 16
Current smoking	38	21%	14 - 27
No health insurance	36	65%	50 - 80
Fair or poor health	8	11%	3 - 20
Couldn't afford doctor visit	24	37%	23 - 51
High blood pressure	20	8%	4 - 12
Male smokeless tobacco use	3	16%	0 - 34
High cholesterol	16	5%	2 - 7
Have a child at home	51	15%	11 - 19
Chronic drinking	17	31%	16 - 46

*Respondents who reported that there is not one particular doctor or health professional they usually go to when in need of routine medical care (among all respondents).

Table E: Hypertension*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	238	22%	19 - 24
Age Group			
18-24	4	5%	0 - 10
25-34	19	9%	5 - 13
35-44	43	18%	13 - 23
45-54	52	24%	18 - 31
55-64	56	42%	33 - 52
65-74	38	41%	30 - 52
75+	26	43%	29 - 58
Gender			
Male	92	22%	18 - 27
Female	146	21%	18 - 24
Education			
< H.S. Grad	6	22%	2 - 42
High School Grad	61	28%	21 - 35
Some College	67	21%	16 - 26
College Graduate	102	19%	15 - 22
Income			
$0-$19,999	16	23%	12 - 35
$20,000-$34,999	39	23%	15 - 30
$35,000-$49,999	31	20%	13 - 27
$50,000-$74,999	56	28%	21 - 34
$75,000+	56	16%	12 - 21
Marital Status			
Married	143	23%	19 - 26
Divorced/Separated	41	24%	17 - 31
Widowed	33	38%	27 - 49
Never Mar./Unmar. Couple	19	10%	5 - 15
Employment			
Employed for Wages	122	18%	14 - 21
Self-Employed	20	23%	14 - 33
Not Emp for Wages	30	17%	11 - 23
Retired	64	42%	33 - 50
Other			
Limiting pain in last 30 days	63	29%	22 - 36
14+ of last 30 days anxious	48	25%	18 - 32
14+ of last 30 days sad	21	29%	17 - 41
Any activity limitation	58	35%	26 - 43
Diabetes	29	56%	41 - 72
Overweight (BMI >=25)	165	31%	27 - 36
Current smoking	36	18%	12 - 24
Fair or poor health	36	45%	33 - 57
Male smokeless tobacco use	6	28%	6 - 50
High cholesterol	99	37%	30 - 43

*Respondents who have had their blood pressure checked and have been told that they have high blood pressure (among all respondents).

Table F: High Blood Cholesterol*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	264	31%	27 - 34
Age Group			
18-24	1	2%	0 - 6
25-34	23	16%	10 - 23
35-44	52	24%	17 - 30
45-54	64	33%	26 - 41
55-64	59	52%	42 - 62
65-74	45	52%	40 - 63
75+	20	39%	24 - 54
Gender			
Male	103	32%	26 - 37
Female	161	30%	26 - 34
Education			
< H.S. Grad	7	53%	23 - 82
High School Grad	61	35%	27 - 43
Some College	69	31%	24 - 37
College Graduate	125	28%	23 - 32
Income			
$0-$19,999	19	53%	35 - 72
$20,000-$34,999	26	19%	11 - 26
$35,000-$49,999	36	37%	27 - 48
$50,000-$74,999	61	33%	26 - 40
$75,000+	73	26%	21 - 32
Marital Status			
Married	173	32%	28 - 36
Divorced/Separated	47	34%	25 - 42
Widowed	24	32%	20 - 44
Never Mar./Unmar. Couple	17	14%	7 - 21
Employment			
Employed for Wages	137	27%	22 - 31
Self-Employed	23	27%	16 - 38
Not Emp for Wages	41	35%	26 - 45
Retired	61	44%	35 - 53
Other			
Limiting pain in last 30 days	75	45%	37 - 54
14+ of last 30 days anxious	49	35%	26 - 43
14+ of last 30 days sad	25	39%	25 - 53
Any activity limitation	57	40%	31 - 49
Diabetes	21	47%	30 - 63
Sedentary lifestyle	129	33%	27 - 38
Overweight (BMI >=25)	166	38%	33 - 43
Fair or poor health	32	46%	33 - 59
Couldn't afford doctor visit	16	45%	25 - 64
High blood pressure	99	46%	39 - 54

*Respondents who have had their blood cholesterol checked and been told that they have high blood cholesterol (among respondents reporting having their blood cholesterol checked).

Table G: Diabetes Mellitus*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	53	5%	4 - 7
Age Group			
18-44	6	1%	0 - 2
45-64	25	9%	5 - 14
65+	22	14%	8 - 20
Gender			
Male	21	5%	3 - 8
Female	32	5%	3 - 7
Education			
< H.S. Grad	1	2%	0 - 7
High School Grad	13	6%	3 - 10
Some College	19	5%	3 - 8
College Graduate	19	4%	2 - 6
Income			
$0-$34,999	14	6%	3 - 9
$35,000-$49,999	3	2%	0 - 4
$50,000+	25	5%	3 - 7
Marital Status			
Married	33	5%	3 - 7
Divorced/Separated	7	5%	1 - 8
Widowed	10	14%	5 - 23
Never Mar./Unmar. Couple	1	0%	0 - 1
Employment			
Employed for Wages	26	4%	2 - 6
Self-Employed	3	4%	0 - 9
Not Emp for Wages	6	3%	1 - 6
Retired	16	10%	5 - 15
Other			
Limiting pain in last 30 days	11	7%	2 - 11
14+ of last 30 days anxious	8	3%	1 - 6
14+ of last 30 days sad	4	5%	0 - 10
Any activity limitation	12	7%	3 - 11
Overweight (BMI >=25)	36	7%	5 - 9
Fair or poor health	14	16%	8 - 25
Couldn't afford doctor visit	3	9%	0 - 22
High blood pressure	29	14%	8 - 19
High cholesterol	21	9%	5 - 14

*Respondents ever told they had diabetes, excluding diabetes limited to pregnancy only (among all respondents).

Table H: Sedentary Lifestyle*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	506	49%	45 - 52
Age Group			
18-24	37	46%	34 - 59
25-34	91	45%	38 - 52
35-44	121	49%	42 - 55
45-54	116	50%	43 - 58
55-64	70	56%	46 - 66
65-74	43	47%	36 - 58
75+	28	55%	39 - 70
Gender			
Male	197	49%	43 - 54
Female	309	49%	45 - 53
Education			
< H.S. Grad	20	92%	82 - 100
High School Grad	129	65%	57 - 72
Some College	137	48%	41 - 54
College Graduate	219	41%	36 - 46
Income			
$0-$19,999	32	63%	48 - 79
$20,000-$34,999	91	59%	50 - 68
$35,000-$49,999	77	54%	45 - 63
$50,000-$74,999	112	49%	42 - 57
$75,000+	119	38%	32 - 44
Marital Status			
Married	297	49%	45 - 53
Divorced/Separated	98	56%	48 - 65
Widowed	36	52%	39 - 64
Never Mar./Unmar. Couple	71	42%	33 - 51
Employment			
Employed for Wages	308	47%	43 - 51
Self-Employed	49	57%	46 - 68
Not Emp for Wages	71	49%	40 - 58
Retired	76	51%	43 - 60
Other			
Limiting pain in last 30 days	125	56%	48 - 63
14+ of last 30 days anxious	113	60%	52 - 67
14+ of last 30 days sad	53	73%	62 - 84
Any activity limitation	89	58%	49 - 67
Diabetes	30	61%	46 - 76
Overweight (BMI >=25)	274	54%	49 - 59
Current smoking	122	66%	59 - 74
No health insurance	40	72%	58 - 85
Fair or poor health	57	76%	65 - 87
High blood pressure	124	55%	48 - 62
High cholesterol	129	50%	43 - 57

*Respondents who reported leisure time exercise less than 20 minutes three days per week (among all respondents).

Table I: No Regular Physical Activity*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	777	75%	72 - 77
Age Group			
18-24	61	78%	68 - 88
25-34	150	75%	69 - 82
35-44	189	71%	64 - 77
45-54	182	76%	70 - 82
55-64	93	77%	69 - 85
65-74	63	71%	61 - 81
75+	39	80%	68 - 92
Gender			
Male	300	74%	70 - 79
Female	477	75%	71 - 78
Education			
< H.S. Grad	22	98%	93 - 100
High School Grad	163	81%	75 - 87
Some College	206	75%	69 - 81
College Graduate	385	70%	66 - 75
Income			
$0-$19,999	41	80%	68 - 93
$20,000-$34,999	123	81%	74 - 88
$35,000-$49,999	120	80%	74 - 87
$50,000-$74,999	158	71%	64 - 77
$75,000+	220	70%	64 - 75
Marital Status			
Married	462	74%	70 - 78
Divorced/Separated	138	77%	70 - 84
Widowed	52	74%	64 - 84
Never Mar./Unmar. Couple	121	74%	66 - 82
Employment			
Employed for Wages	489	74%	70 - 77
Self-Employed	68	73%	64 - 83
Not Emp for Wages	110	78%	70 - 85
Retired	108	75%	68 - 83
Other			
Limiting pain in last 30 days	166	75%	69 - 82
14+ of last 30 days anxious	154	79%	72 - 85
14+ of last 30 days sad	65	85%	76 - 93
Any activity limitation	119	79%	72 - 86
Diabetes	37	75%	62 - 88
Overweight (BMI >=25)	398	78%	74 - 82
Current smoking	157	82%	77 - 88
No health insurance	52	92%	85 - 100
Fair or poor health	70	95%	90 - 100
High blood pressure	179	80%	74 - 85
High cholesterol	189	73%	67 - 79

*Respondents who reported they do not engage in physical activity at least 5 times a week for at least 30 minutes each time (among all respondents).

Table J: Failed to Always Use Safety Seat Belt*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	220	22%	19 - 25
Age Group			
18-24	27	32%	21 - 43
25-34	44	22%	15 - 28
35-44	48	20%	15 - 26
45-54	48	23%	16 - 30
55-64	20	16%	9 - 23
65-74	23	25%	16 - 35
75+	10	18%	7 - 30
Gender			
Male	117	29%	24 - 34
Female	103	16%	13 - 19
Education			
< H.S. Grad	8	28%	7 - 49
High School Grad	53	27%	20 - 34
Some College	58	21%	15 - 26
College Graduate	99	20%	16 - 24
Income			
$0-$19,999	16	28%	15 - 42
$20,000-$34,999	35	26%	17 - 34
$35,000-$49,999	33	23%	16 - 31
$50,000-$74,999	51	24%	18 - 31
$75,000+	53	17%	12 - 22
Marital Status			
Married	112	19%	16 - 22
Divorced/Separated	40	24%	17 - 31
Widowed	15	21%	11 - 31
Never Mar./Unmar. Couple	51	32%	24 - 40
Employment			
Employed for Wages	135	22%	18 - 25
Self-Employed	24	28%	18 - 39
Not Emp for Wages	27	18%	11 - 25
Retired	32	22%	14 - 29
Other			
Limiting pain in last 30 days	50	26%	19 - 33
14+ of last 30 days anxious	50	28%	21 - 36
14+ of last 30 days sad	20	24%	13 - 35
Current smoking	61	34%	26 - 41
Have a child at home	71	19%	15 - 24
Chronic drinking	22	51%	35 - 67

*Respondents reporting that they do not always use a seat belt (among all respondents).

Table K: Child Aged 0 to 15 Failed to Always Use Safety Restraint*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	36	8%	5 - 10
Age Group of Oldest Child			
0-4	1	1%	0 - 4
5-9	3	3%	0 - 6
10-15	32	15%	10 - 20
Education of Adult Respondent			
High School Grad	14	15%	7 - 24
Some College	7	7%	2 - 12
College Graduate	15	6%	3 - 9
< H.S. Grad	0	0%	-
Household Income			
$0-$49,999	11	9%	3 - 14
$50,000-$74,999	10	9%	4 - 15
$75,000+	12	6%	3 - 10
Marital Status of Adult Respondent			
Married	23	6%	3 - 8
Divorced/Separated	6	10%	2 - 17
Widowed	1	37%	0 - 100
Never Mar./Unmar. Couple	6	23%	4 - 41
Employment of Adult Respondent			
Employed for wages	24	7%	4 - 10
Self employed	6	15%	3 - 27
Not employed	6	8%	1 - 14
Retired	0	0%	-

*Child between the ages of 0-15 is not always restrained by safety seat or seat belt (among children ages 0-15, weighted for children ages 0-17).

Table L: Smokes Cigarettes*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	201	19%	17 - 22
Age Group			
18-24	31	38%	26 - 50
25-34	32	15%	10 - 21
35-44	50	18%	13 - 23
45-54	51	22%	16 - 28
55-64	21	19%	10 - 27
65-74	14	14%	7 - 21
75+	2	2%	0 - 6
Gender			
Male	87	20%	16 - 25
Female	114	18%	15 - 22
Education			
< H.S. Grad	5	20%	0 - 39
High School Grad	61	30%	23 - 38
Some College	75	27%	21 - 32
College Graduate	60	12%	9 - 15
Income			
$0-$19,999	14	24%	11 - 37
$20,000-$34,999	45	27%	20 - 35
$35,000-$49,999	39	28%	20 - 37
$50,000-$74,999	41	19%	14 - 25
$75,000+	38	12%	8 - 16
Marital Status			
Married	89	15%	12 - 18
Divorced/Separated	52	29%	22 - 37
Widowed	12	14%	6 - 21
Never Mar./Unmar. Couple	47	31%	23 - 40
Employment			
Employed for Wages	139	22%	18 - 25
Self-Employed	17	16%	8 - 25
Not Emp for Wages	25	18%	11 - 25
Retired	20	13%	7 - 18
Other			
Limiting pain in last 30 days	45	23%	16 - 29
14+ of last 30 days anxious	56	30%	23 - 38
14+ of last 30 days sad	28	38%	25 - 50
Any activity limitation	30	20%	13 - 27
Diabetes	6	11%	2 - 21
Overweight (BMI >=25)	99	20%	16 - 24
No health insurance	24	44%	28 - 59
Fair or poor health	14	23%	11 - 34
High blood pressure	36	17%	11 - 22
Male smokeless tobacco use	3	16%	0 - 35
Have a child at home	69	17%	13 - 21
Chronic drinking	20	45%	30 - 61

*Respondents who reported smoking cigarettes some days or all days (among all respondents).

Table M: Smokeless Tobacco Use Among Males*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	22	6%	3 - 8
Age Group			
18-44	18	9%	5 - 13
45-64	4	2%	0 - 4
65+	0	0%	-
Education			
< H.S. Grad	0	0%	0 - 0
< H.S. Grad	0	0%	-
High School Grad	5	7%	1 - 14
Some College	6	9%	2 - 16
College Graduate	11	5%	2 - 8
Income			
$0-$49,999	8	7%	2 - 11
$50,000-$74,999	4	5%	0 - 11
$75,000+	8	7%	2 - 11
Marital Status			
Married	13	5%	2 - 8
Divorced/Separated	5	7%	1 - 13
Never Mar./Unmar. Couple	4	7%	0 - 15
Widowed	0	0%	0 - 0
Widowed	0	0%	-
Employment			
Employed for Wages	16	6%	3 - 9
Self-Employed	4	10%	0 - 21
Not Emp for Wages	1	5%	0 - 16
Retired	1	1%	0 - 3
Other			
Limiting pain in last 30 days	6	8%	1 - 15
14+ of last 30 days anxious	7	11%	3 - 20
14+ of last 30 days sad	3	12%	0 - 26
Overweight (BMI >=25)	15	6%	3 - 9
No health insurance	2	6%	0 - 16
Fair or poor health	2	8%	0 - 20
High blood pressure	6	7%	1 - 13
High cholesterol	2	3%	0 - 8
Chronic drinking	4	10%	0 - 20

*Males who reported currently using smokeless tobacco (among all male respondents).

Table N: Overweight* BMI >= 27.8 (M) or >= 27.3 (F)

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	286	28%	25 - 31
Age Group			
18-24	18	21%	11 - 31
25-34	56	29%	22 - 35
35-44	64	25%	19 - 31
45-54	66	31%	24 - 38
55-64	47	41%	31 - 51
65-74	22	25%	15 - 34
75+	13	24%	11 - 37
Gender			
Male	140	33%	28 - 38
Female	146	23%	19 - 27
Education			
< H.S. Grad	8	38%	12 - 63
High School Grad	61	30%	23 - 37
Some College	85	30%	24 - 36
College Graduate	132	26%	21 - 30
Income			
$0-$19,999	16	34%	19 - 49
$20,000-$34,999	41	26%	18 - 34
$35,000-$49,999	41	31%	22 - 39
$50,000-$74,999	72	33%	27 - 40
$75,000+	80	24%	19 - 29
Marital Status			
Married	172	28%	24 - 32
Divorced/Separated	54	34%	26 - 42
Widowed	15	23%	12 - 34
Never Mar./Unmar. Couple	45	24%	17 - 32
Employment			
Employed for Wages	175	27%	23 - 31
Self-Employed	30	29%	19 - 39
Not Emp for Wages	35	27%	18 - 35
Retired	46	32%	24 - 40
Other			
Limiting pain in last 30 days	84	39%	31 - 46
14+ of last 30 days anxious	59	32%	24 - 39
14+ of last 30 days sad	25	40%	27 - 53
Any activity limitation	60	39%	30 - 48
Diabetes	24	50%	35 - 65
Sedentary lifestyle	155	33%	28 - 37
Fair or poor health	30	40%	28 - 52
Couldn't afford doctor visit	21	35%	22 - 49
High blood pressure	98	44%	37 - 51
Male smokeless tobacco use	7	30%	7 - 52
High cholesterol	94	40%	33 - 47
Chronic drinking	18	33%	19 - 47

*Body mass index >= 27.8 for males and >= 27.3 for females (National Health and Nutrition Examination Survery [NHANES] definition).

Table O: Overweight or Obese*
BMI >= 25

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	521	53%	49 - 56
Age Group			
18-24	35	42%	30 - 54
25-34	87	44%	37 - 51
35-44	125	54%	47 - 60
45-54	122	59%	52 - 66
55-64	75	65%	55 - 75
65-74	50	59%	49 - 70
75+	27	48%	33 - 63
Gender			
Male	281	68%	63 - 73
Female	240	39%	34 - 43
Education			
< H.S. Grad	12	60%	34 - 86
High School Grad	110	59%	51 - 66
Some College	144	53%	47 - 60
College Graduate	254	50%	45 - 55
Income			
$0-$19,999	26	54%	39 - 70
$20,000-$34,999	77	51%	42 - 60
$35,000-$49,999	63	48%	39 - 57
$50,000-$74,999	130	60%	53 - 67
$75,000+	159	53%	47 - 59
Marital Status			
Married	331	56%	52 - 60
Divorced/Separated	86	54%	46 - 63
Widowed	34	48%	36 - 60
Never Mar./Unmar. Couple	70	41%	32 - 50
Employment			
Employed for Wages	325	53%	48 - 57
Self-Employed	54	60%	49 - 71
Not Emp for Wages	55	42%	33 - 51
Retired	87	60%	51 - 69
Other			
Limiting pain in last 30 days	121	55%	48 - 63
14+ of last 30 days anxious	100	56%	48 - 64
14+ of last 30 days sad	38	53%	41 - 66
Any activity limitation	94	62%	53 - 71
Diabetes	36	77%	64 - 89
Fair or poor health	46	63%	51 - 76
Couldn't afford doctor visit	31	54%	40 - 68
High blood pressure	165	78%	73 - 84
Male smokeless tobacco use	15	67%	43 - 91
High cholesterol	166	70%	64 - 76
Chronic drinking	31	62%	47 - 77

*Overweight or obese by National Heart, Lung, and Blood Institute standard: body mass index >=25 (among all respondents).

Table P: Obese*
BMI >= 30

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	154	15%	13 - 18
Age Group			
18-24	12	13%	5 - 20
25-34	25	13%	8 - 18
35-44	34	13%	9 - 18
45-54	36	19%	13 - 25
55-64	29	26%	17 - 35
65-74	12	14%	6 - 22
75+	6	12%	2 - 22
Gender			
Male	80	19%	15 - 23
Female	74	11%	9 - 14
Education			
< H.S. Grad	7	34%	9 - 59
High School Grad	33	17%	11 - 23
Some College	44	15%	11 - 20
College Graduate	70	14%	11 - 17
Income			
$0-$19,999	9	18%	6 - 31
$20,000-$34,999	21	14%	8 - 20
$35,000-$49,999	24	19%	12 - 26
$50,000-$74,999	37	18%	12 - 23
$75,000+	48	15%	11 - 19
Marital Status			
Married	96	16%	13 - 19
Divorced/Separated	28	19%	12 - 26
Widowed	7	12%	3 - 21
Never Mar./Unmar. Couple	23	12%	7 - 17
Employment			
Employed for Wages	94	15%	12 - 18
Self-Employed	15	16%	8 - 24
Not Emp for Wages	22	16%	9 - 22
Retired	23	17%	10 - 24
Other			
Limiting pain in last 30 days	54	27%	20 - 33
14+ of last 30 days anxious	34	20%	14 - 27
14+ of last 30 days sad	19	32%	19 - 45
Any activity limitation	38	26%	18 - 34
Diabetes	13	29%	14 - 43
Sedentary lifestyle	90	19%	15 - 23
No health insurance	9	21%	7 - 35
Fair or poor health	19	27%	15 - 38
Couldn't afford doctor visit	13	21%	9 - 33
High blood pressure	63	30%	23 - 37
High cholesterol	55	25%	19 - 31

*Obese by National Heart, Lung, and Blood Institute standard: body mass index >= 30 (among all respondents).

Table Q: Lacked Recent Mammogram*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	30	14%	9 - 19
Age Group			
50-69	18	13%	6 - 19
70+	12	17%	7 - 26
Education			
< H.S. Grad	2	23%	0 - 62
High School Grad	12	19%	9 - 30
Some College	9	15%	5 - 26
College Graduate	7	9%	1 - 16
Income			
$0-$34,999	13	24%	12 - 37
$35,000-$49,999	5	18%	0 - 36
$50,000+	6	8%	1 - 15
Marital Status			
Married	10	11%	4 - 17
Divorced/Separated	9	18%	7 - 30
Widowed	11	21%	9 - 33
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	9	11%	3 - 19
Self-Employed	1	9%	0 - 27
Not Emp for Wages	8	20%	6 - 35
Retired	12	15%	7 - 24
Other			
Limiting pain in last 30 days	8	18%	5 - 31
14+ of last 30 days anxious	7	21%	4 - 38
14+ of last 30 days sad	9	37%	13 - 60
Any activity limitation	12	21%	9 - 33
Diabetes	3	12%	0 - 26
Sedentary lifestyle	22	21%	12 - 29
Overweight (BMI >=25)	13	16%	7 - 25
Current smoking	9	39%	18 - 61
No health insurance	2	34%	0 - 100
Fair or poor health	7	24%	7 - 41
Couldn't afford doctor visit	3	36%	0 - 76
High blood pressure	13	14%	7 - 22
Lacked clinical breast exam	9	52%	27 - 78
Lacked mammogram and CBE	28	75%	60 - 89
Lacked pap smear	10	81%	58 - 100
High cholesterol	14	16%	7 - 25
Have a child at home	4	59%	18 - 100
Chronic drinking	1	35%	0 - 100
Poor proximity to healthcare	2	24%	0 - 59

*Female respondents ages 50 and older who had not had a mammogram within the past two years (among women ages 50 and older).

Table R: Lacked Recent Clinical Breast Exam*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	21	10%	5 - 14
Age Group			
50-69	10	7%	2 - 13
70+	11	14%	6 - 23
Education			
< H.S. Grad	0	0%	-
High School Grad	12	19%	8 - 30
Some College	4	7%	0 - 14
College Graduate	4	5%	0 - 12
Income			
$0-$34,999	6	9%	2 - 17
$35,000-$49,999	4	20%	0 - 39
$50,000+	2	2%	0 - 6
Marital Status			
Married	8	8%	2 - 14
Divorced/Separated	3	7%	0 - 15
Widowed	10	17%	7 - 28
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	8	11%	2 - 19
Self-Employed	0	0%	-
Not Emp for Wages	4	11%	0 - 23
Retired	9	11%	4 - 18
Other			
Limiting pain in last 30 days	6	15%	2 - 28
14+ of last 30 days anxious	3	9%	0 - 19
14+ of last 30 days sad	4	20%	0 - 41
Any activity limitation	6	12%	1 - 23
Diabetes	2	7%	0 - 17
Sedentary lifestyle	10	10%	3 - 16
Overweight (BMI >=25)	6	7%	1 - 14
Current smoking	2	11%	0 - 29
No health insurance	1	17%	0 - 67
Fair or poor health	5	15%	1 - 28
Couldn't afford doctor visit	2	28%	0 - 69
High blood pressure	4	4%	0 - 9
Lacked mammogram	9	39%	16 - 62
Lacked mammogram and CBE	21	55%	37 - 74
Lacked pap smear	7	67%	36 - 98
High cholesterol	6	8%	1 - 15
Have a child at home	2	36%	0 - 87
Chronic drinking	1	35%	0 - 100
Poor proximity to healthcare	2	24%	0 - 59

*Female respondents ages 50 and older who had not had a clinical breast exam within the past two years (among women ages 50 and older).

Table S: Lacked Clinical Breast Exam, Mammogram, or Both*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	40	18%	13 - 24
Age Group			
50-69	21	15%	8 - 21
70+	19	26%	15 - 37
Education			
< H.S. Grad	2	23%	0 - 62
High School Grad	18	29%	16 - 41
Some College	10	18%	7 - 29
College Graduate	9	11%	3 - 19
Income			
$0-$34,999	13	25%	12 - 37
$35,000-$49,999	7	25%	6 - 45
$50,000+	8	10%	3 - 18
Marital Status			
Married	15	15%	7 - 22
Divorced/Separated	9	19%	7 - 31
Widowed	16	29%	16 - 43
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	13	15%	6 - 24
Self-Employed	1	9%	0 - 27
Not Emp for Wages	9	24%	9 - 40
Retired	17	22%	12 - 31
Other			
Limiting pain in last 30 days	9	20%	6 - 33
14+ of last 30 days anxious	7	22%	4 - 40
14+ of last 30 days sad	10	43%	19 - 67
Any activity limitation	13	23%	10 - 35
Diabetes	5	18%	2 - 35
Sedentary lifestyle	24	22%	14 - 31
Overweight (BMI >=25)	16	18%	9 - 28
Current smoking	8	38%	16 - 60
No health insurance	2	34%	0 - 100
Fair or poor health	9	31%	12 - 49
Couldn't afford doctor visit	4	42%	4 - 81
High blood pressure	14	16%	7 - 24
Lacked mammogram	28	100%	100 - 100
Lacked clinical breast exam	21	100%	100 - 100
Lacked pap smear	10	81%	58 - 100
High cholesterol	18	21%	11 - 31
Have a child at home	4	68%	29 - 100
Chronic drinking	1	35%	0 - 100
Poor proximity to healthcare	2	24%	0 - 59

*Female respondents ages 50 and older who had not had a clinical breast exam, a mammogram, or both within the past two years (among women ages 50 and older).

Table T: Women with Hysterectomy*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	142	19%	16 - 22
Age Group			
18-24	1	2%	0 - 8
25-34	3	2%	0 - 3
35-44	12	6%	3 - 10
45-54	42	28%	20 - 37
55-64	37	47%	35 - 59
65-74	27	53%	38 - 67
75+	20	42%	26 - 59
Education			
< H.S. Grad	3	22%	0 - 47
High School Grad	45	29%	21 - 38
Some College	49	22%	16 - 28
College Graduate	44	13%	9 - 16
Income			
$0-$19,999	14	32%	15 - 48
$20,000-$34,999	29	22%	14 - 31
$35,000-$49,999	22	25%	15 - 35
$50,000-$74,999	26	16%	10 - 22
$75,000+	17	10%	5 - 14
Marital Status			
Married	68	18%	14 - 22
Divorced/Separated	36	28%	20 - 37
Widowed	32	40%	27 - 52
Never Mar./Unmar. Couple	4	3%	0 - 6
Employment			
Employed for Wages	68	14%	11 - 18
Self-Employed	13	28%	14 - 42
Not Emp for Wages	19	11%	6 - 16
Retired	42	48%	36 - 59
Other			
Limiting pain in last 30 days	38	23%	15 - 30
14+ of last 30 days anxious	31	19%	12 - 25
14+ of last 30 days sad	21	36%	21 - 51
Any activity limitation	41	37%	27 - 47
Diabetes	14	49%	28 - 69
Sedentary lifestyle	81	23%	18 - 28
Overweight (BMI >=25)	57	22%	16 - 27
Fair or poor health	23	37%	22 - 51
High blood pressure	49	33%	24 - 41
Lacked clinical breast exam	13	38%	20 - 57
Lacked mammogram and CBE	17	42%	24 - 60
High cholesterol	61	37%	29 - 46

*Female respondents who reported having had a hysterectomy (among all women respondents).

Table U: Lacked Recent Pap Smear Test*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	46	9%	6 - 12
Age Group			
18-39	22	10%	5 - 15
40-49	11	7%	3 - 12
50-69	5	6%	0 - 11
70+	8	17%	5 - 29
Education			
< H.S. Grad	2	18%	0 - 48
High School Grad	9	8%	2 - 13
Some College	18	13%	7 - 20
College Graduate	17	7%	3 - 11
Income			
$0-$34,999	14	13%	5 - 20
$35,000-$49,999	5	6%	0 - 12
$50,000+	15	5%	2 - 8
Marital Status			
Married	18	5%	3 - 8
Divorced/Separated	8	10%	3 - 18
Widowed	7	19%	5 - 33
Never Mar./Unmar. Couple	13	22%	9 - 34
Employment			
Employed for Wages	24	8%	4 - 12
Self-Employed	1	1%	0 - 5
Not Emp for Wages	13	12%	5 - 19
Retired	8	15%	4 - 25
Other			
14+ of last 30 days anxious	11	9%	3 - 16
14+ of last 30 days sad	5	17%	0 - 33
Any activity limitation	10	14%	5 - 22
Diabetes	4	25%	0 - 51
Overweight (BMI >=25)	18	10%	5 - 14
Current smoking	9	10%	2 - 17
No health insurance	6	15%	1 - 29
Fair or poor health	4	18%	0 - 38
Couldn't afford doctor visit	2	5%	0 - 12
High blood pressure	10	13%	4 - 21
High cholesterol	5	5%	0 - 9

*Female respondents who had not had a pap smear the past two years (among women ages 18 and older with a uterine cervix).

Table V: Lacked Influenza Vaccination*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	660	64%	61 - 67
Age Group			
18-24	62	78%	68 - 88
25-34	164	80%	75 - 86
35-44	200	76%	70 - 81
45-54	150	64%	57 - 71
55-64	49	41%	32 - 51
65-74	27	27%	18 - 37
75+	8	14%	4 - 24
Gender			
Male	265	65%	60 - 70
Female	395	63%	59 - 67
Education			
< H.S. Grad	11	62%	40 - 85
High School Grad	135	69%	63 - 76
Some College	171	61%	54 - 67
College Graduate	342	64%	59 - 68
Income			
$0-$19,999	28	57%	41 - 72
$20,000-$34,999	90	61%	53 - 70
$35,000-$49,999	104	67%	59 - 75
$50,000-$74,999	146	66%	59 - 73
$75,000+	204	64%	59 - 70
Marital Status			
Married	403	64%	60 - 68
Divorced/Separated	108	63%	56 - 71
Widowed	25	25%	16 - 35
Never Mar./Unmar. Couple	124	77%	69 - 84
Employment			
Employed for Wages	455	70%	66 - 74
Self-Employed	67	68%	58 - 78
Not Emp for Wages	96	70%	62 - 78
Retired	42	27%	19 - 34
Other			
Limiting pain in last 30 days	124	59%	52 - 66
14+ of last 30 days anxious	129	64%	56 - 72
14+ of last 30 days sad	47	58%	45 - 70
Diabetes	17	37%	22 - 52
Overweight (BMI >=25)	302	61%	56 - 65
Current smoking	141	71%	64 - 78
Fair or poor health	29	45%	33 - 58
Couldn't afford doctor visit	42	73%	61 - 84
High blood pressure	105	49%	42 - 56
High cholesterol	130	51%	44 - 57

*Respondents who had not received a vaccine to prevent influenza in the last 12 months (among all respondents).

Table W: Lacked Pneumonia Vaccination*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	826	83%	80 - 85
Age Group			
18-24	61	88%	80 - 97
25-34	165	89%	84 - 94
35-44	250	97%	94 - 99
45-54	206	89%	85 - 94
55-64	92	76%	68 - 85
65-74	37	41%	30 - 52
75+	15	27%	14 - 40
Gender			
Male	305	83%	78 - 87
Female	521	83%	79 - 86
Education			
< H.S. Grad	13	74%	55 - 94
High School Grad	150	75%	69 - 82
Some College	217	82%	77 - 87
College Graduate	445	86%	83 - 89
Income			
$0-$19,999	29	54%	38 - 70
$20,000-$34,999	104	74%	66 - 82
$35,000-$49,999	127	80%	72 - 87
$50,000-$74,999	185	86%	81 - 91
$75,000+	267	91%	87 - 95
Marital Status			
Married	505	84%	81 - 87
Divorced/Separated	154	87%	82 - 93
Widowed	36	41%	29 - 52
Never Mar./Unmar. Couple	130	86%	79 - 93
Employment			
Employed for Wages	571	91%	88 - 93
Self-Employed	86	88%	79 - 96
Not Emp for Wages	110	82%	75 - 89
Retired	59	41%	32 - 50
Other			
Limiting pain in last 30 days	156	75%	69 - 82
14+ of last 30 days anxious	152	83%	77 - 89
14+ of last 30 days sad	56	72%	61 - 84
Diabetes	26	55%	40 - 71
Overweight (BMI >=25)	387	81%	77 - 85
Current smoking	163	88%	82 - 93
Fair or poor health	39	57%	44 - 69
Couldn't afford doctor visit	48	81%	70 - 93
High cholesterol	182	73%	67 - 79

*Respondents who had never received a vaccine to prevent pneumococcal disease (among all respondents).

Table X: Self-Reported HIV Risk*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	28	3%	2 - 4
Age Group			
18-24	2	3%	0 - 7
25-34	9	5%	1 - 9
35-44	6	2%	0 - 3
45-54	10	3%	1 - 6
Gender			
Male	11	2%	1 - 4
Female	17	3%	2 - 5
Education			
< H.S. Grad	0	0%	-
High School Grad	5	3%	0 - 6
Some College	7	3%	1 - 6
College Graduate	16	3%	1 - 4
Income			
$0-$19,999	1	5%	0 - 16
$20,000-$34,999	4	4%	0 - 8
$35,000-$49,999	8	6%	1 - 10
$50,000-$74,999	4	2%	0 - 4
$75,000+	7	2%	0 - 3
Marital Status			
Married	8	1%	0 - 2
Divorced/Separated	11	6%	2 - 10
Never Mar./Unmar. Couple	9	7%	2 - 12
Widowed	0	0%	-
Employment			
Employed for Wages	23	3%	2 - 4
Self-Employed	2	1%	0 - 4
Not Emp for Wages	3	4%	0 - 10
Retired	0	0%	-
Other			
Limiting pain in last 30 days	8	5%	1 - 9
14+ of last 30 days anxious	9	5%	2 - 9
14+ of last 30 days sad	3	4%	0 - 10
Overweight (BMI >=25)	12	2%	1 - 4
Current smoking	7	3%	0 - 6
High blood pressure	5	3%	0 - 5
Lacked mammogram and CBE	2	7%	0 - 17
Chronic drinking	2	7%	0 - 17

*Respondents with self-reported risk for HIV as medium or high (among respondents younger than 65).

Table Y: Any Activity Limitation*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	159	14%	12 - 16
Age Group			
18-24	10	12%	4 - 20
25-34	13	6%	3 - 10
35-44	21	8%	4 - 12
45-54	37	16%	10 - 21
55-64	31	23%	15 - 32
65-74	25	27%	17 - 37
75+	22	35%	21 - 49
Gender			
Male	53	13%	9 - 16
Female	106	15%	12 - 18
Education			
< H.S. Grad	6	24%	4 - 44
High School Grad	46	19%	14 - 25
Some College	44	14%	10 - 19
College Graduate	63	12%	9 - 15
Income			
$0-$19,999	25	40%	25 - 55
$20,000-$34,999	28	17%	11 - 24
$35,000-$49,999	17	12%	6 - 18
$50,000-$74,999	39	17%	12 - 23
$75,000+	30	8%	5 - 11
Marital Status			
Married	89	13%	11 - 16
Divorced/Separated	25	14%	8 - 19
Widowed	28	37%	26 - 49
Never Mar./Unmar. Couple	17	10%	5 - 16
Employment			
Employed for Wages	67	11%	8 - 13
Self-Employed	6	6%	1 - 10
Not Emp for Wages	33	18%	11 - 24
Retired	53	33%	25 - 41
Other			
Limiting pain in last 30 days	87	38%	31 - 45
14+ of last 30 days anxious	41	18%	12 - 24
14+ of last 30 days sad	23	28%	16 - 39
Diabetes	12	21%	9 - 33
Sedentary lifestyle	89	16%	13 - 20
Overweight (BMI >=25)	94	17%	13 - 20
Fair or poor health	50	61%	48 - 74
Couldn't afford doctor visit	23	32%	19 - 45
High blood pressure	58	23%	17 - 29
Lacked clinical breast exam	8	25%	8 - 43
Lacked mammogram and CBE	13	34%	17 - 51
High cholesterol	57	21%	16 - 26

*Respondents who reported that they had any limitation in any activities due to any impairment or health problem (among all respondents).

Table Z: Pain Limited Usual Activity*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	222	21%	18 - 24
Age Group			
18-24	16	19%	10 - 28
25-34	39	21%	15 - 27
35-44	47	17%	12 - 22
45-54	55	24%	17 - 30
55-64	30	24%	16 - 33
65-74	20	22%	12 - 31
75+	15	28%	14 - 41
Gender			
Male	76	18%	14 - 22
Female	146	23%	19 - 27
Education			
< H.S. Grad	5	20%	1 - 40
High School Grad	59	29%	22 - 36
Some College	54	18%	13 - 23
College Graduate	102	18%	15 - 22
Income			
$0-$19,999	18	33%	18 - 47
$20,000-$34,999	36	24%	16 - 31
$35,000-$49,999	34	22%	15 - 29
$50,000-$74,999	45	20%	14 - 26
$75,000+	58	18%	13 - 22
Marital Status			
Married	119	19%	16 - 22
Divorced/Separated	42	22%	16 - 29
Widowed	20	26%	15 - 37
Never Mar./Unmar. Couple	39	24%	16 - 31
Employment			
Employed for Wages	123	18%	15 - 21
Self-Employed	16	16%	8 - 24
Not Emp for Wages	44	30%	22 - 38
Retired	38	25%	18 - 33
Other			
14+ of last 30 days anxious	63	32%	25 - 40
14+ of last 30 days sad	33	45%	32 - 58
Any activity limitation	87	55%	46 - 64
Diabetes	11	27%	10 - 44
Sedentary lifestyle	125	24%	20 - 28
Overweight (BMI >=25)	121	22%	18 - 26
Current smoking	45	24%	17 - 31
No health insurance	13	26%	12 - 41
Fair or poor health	45	57%	44 - 70
Couldn't afford doctor visit	27	46%	31 - 61
High blood pressure	63	28%	21 - 34
High cholesterol	75	30%	23 - 36

*Respondents who reported 1 or more days in the past 30 where they had pain that limited their activity (among all respondents).

Table AA: Sad, Blue, Depressed*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	80	7%	5 - 9
Age Group			
18-24	2	3%	0 - 8
25-34	12	5%	2 - 9
35-44	15	5%	2 - 8
45-54	24	10%	6 - 15
55-64	10	8%	3 - 14
65-74	7	7%	2 - 13
75+	10	19%	7 - 31
Gender			
Male	24	6%	3 - 8
Female	56	8%	6 - 11
Education			
< H.S. Grad	4	10%	0 - 20
High School Grad	28	12%	7 - 17
Some College	23	7%	4 - 11
College Graduate	24	5%	3 - 7
Income			
$0-$19,999	11	22%	9 - 36
$20,000-$34,999	15	7%	3 - 11
$35,000-$49,999	16	10%	4 - 15
$50,000-$74,999	11	5%	2 - 8
$75,000+	12	4%	2 - 7
Marital Status			
Married	35	6%	4 - 8
Divorced/Separated	21	11%	6 - 17
Widowed	13	20%	9 - 31
Never Mar./Unmar. Couple	10	6%	2 - 10
Employment			
Employed for Wages	39	6%	4 - 8
Self-Employed	3	4%	0 - 9
Not Emp for Wages	20	12%	6 - 17
Retired	18	12%	6 - 17
Other			
Limiting pain in last 30 days	33	15%	10 - 20
14+ of last 30 days anxious	58	28%	21 - 36
Any activity limitation	23	14%	8 - 20
Diabetes	4	7%	0 - 14
Overweight (BMI >=25)	38	7%	5 - 10
Current smoking	28	14%	8 - 19
No health insurance	8	13%	2 - 23
Fair or poor health	20	29%	17 - 42
Couldn't afford doctor visit	11	17%	6 - 29
High blood pressure	21	10%	5 - 14
Lacked pap smear	5	13%	0 - 26
High cholesterol	25	9%	5 - 12
Chronic drinking	6	9%	1 - 17

*Respondents who reported 14 or more days in the past 30 where they felt sad, blue, or depressed (among all respondents).

Table BB: Worried, Tense, Anxious*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	198	19%	16 - 21
Age Group			
18-24	23	28%	17 - 39
25-34	48	22%	16 - 28
35-44	47	17%	12 - 22
45-54	52	22%	16 - 28
55-64	16	14%	7 - 21
65-74	5	5%	0 - 10
75+	7	13%	3 - 24
Gender			
Male	63	16%	12 - 20
Female	135	21%	17 - 25
Education			
< H.S. Grad	3	9%	0 - 22
High School Grad	49	23%	16 - 29
Some College	62	22%	17 - 28
College Graduate	83	16%	12 - 19
Income			
$0-$19,999	20	43%	27 - 60
$20,000-$34,999	30	18%	11 - 25
$35,000-$49,999	35	21%	14 - 29
$50,000-$74,999	40	17%	12 - 22
$75,000+	51	17%	13 - 22
Marital Status			
Married	104	16%	13 - 19
Divorced/Separated	41	22%	15 - 28
Widowed	12	18%	7 - 29
Never Mar./Unmar. Couple	41	26%	18 - 34
Employment			
Employed for Wages	130	20%	16 - 23
Self-Employed	19	18%	10 - 27
Not Emp for Wages	36	24%	16 - 31
Retired	13	9%	4 - 14
Other			
Limiting pain in last 30 days	63	29%	22 - 36
14+ of last 30 days sad	58	76%	65 - 87
Any activity limitation	41	25%	17 - 33
Diabetes	8	13%	3 - 23
Overweight (BMI >=25)	100	20%	16 - 24
Current smoking	56	29%	22 - 37
No health insurance	19	28%	15 - 42
Fair or poor health	22	34%	21 - 47
Couldn't afford doctor visit	24	34%	20 - 48
High blood pressure	48	23%	16 - 29
Male smokeless tobacco use	7	30%	8 - 52
High cholesterol	49	19%	13 - 24
Chronic drinking	15	30%	15 - 44

*Respondents who reported 14 or more days in the past 30 where they felt worried, tense, or anxious (among all respondents).

Table CC: Not Enough Rest or Sleep*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	295	28%	25 - 31
Age Group			
18-24	35	45%	32 - 57
25-34	65	31%	24 - 38
35-44	90	32%	26 - 39
45-54	68	28%	21 - 35
55-64	21	18%	10 - 26
65-74	8	8%	2 - 14
75+	8	13%	4 - 22
Gender			
Male	98	25%	21 - 30
Female	197	31%	27 - 35
Education			
< H.S. Grad	2	8%	0 - 20
High School Grad	54	27%	20 - 34
Some College	86	32%	26 - 38
College Graduate	152	28%	24 - 32
Income			
$0-$19,999	19	38%	22 - 54
$20,000-$34,999	46	33%	24 - 42
$35,000-$49,999	53	33%	25 - 42
$50,000-$74,999	67	32%	25 - 38
$75,000+	79	24%	19 - 30
Marital Status			
Married	164	27%	23 - 30
Divorced/Separated	53	29%	21 - 37
Widowed	14	15%	7 - 23
Never Mar./Unmar. Couple	62	37%	28 - 46
Employment			
Employed for Wages	207	33%	29 - 37
Self-Employed	25	23%	14 - 33
Not Emp for Wages	45	27%	19 - 35
Retired	18	11%	6 - 16
Other			
Limiting pain in last 30 days	85	36%	29 - 43
14+ of last 30 days anxious	115	60%	52 - 68
14+ of last 30 days sad	50	68%	56 - 79
Any activity limitation	60	39%	30 - 48
Diabetes	9	15%	5 - 26
Overweight (BMI >=25)	147	29%	25 - 34
Current smoking	78	42%	34 - 50
No health insurance	23	34%	20 - 48
Fair or poor health	29	40%	27 - 52
High blood pressure	54	24%	18 - 31
High cholesterol	70	25%	20 - 31
Have a child at home	138	35%	30 - 41
Chronic drinking	19	35%	20 - 50

*Respondents who reported 14 or more days in the past 30 where they did not get enough rest or sleep (among all respondents).

Table DD: Not Very Healthy and Full of Energy*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	386	37%	34 - 41
Age Group			
18-24	31	44%	31 - 56
25-34	82	42%	34 - 49
35-44	93	34%	28 - 40
45-54	90	38%	31 - 46
55-64	40	31%	22 - 40
65-74	29	34%	23 - 45
75+	21	42%	26 - 57
Gender			
Male	137	34%	29 - 39
Female	249	41%	36 - 45
Education			
< H.S. Grad	8	35%	10 - 60
High School Grad	85	43%	35 - 51
Some College	110	40%	33 - 47
College Graduate	181	34%	29 - 38
Income			
$0-$19,999	31	63%	46 - 80
$20,000-$34,999	67	46%	37 - 55
$35,000-$49,999	64	40%	31 - 48
$50,000-$74,999	79	38%	31 - 45
$75,000+	98	31%	25 - 37
Marital Status			
Married	215	35%	31 - 39
Divorced/Separated	75	41%	33 - 50
Widowed	30	41%	29 - 54
Never Mar./Unmar. Couple	65	44%	35 - 53
Employment			
Employed for Wages	241	37%	33 - 41
Self-Employed	30	30%	20 - 40
Not Emp for Wages	61	42%	33 - 51
Retired	53	38%	29 - 47
Other			
Limiting pain in last 30 days	125	59%	51 - 66
14+ of last 30 days anxious	124	66%	59 - 74
14+ of last 30 days sad	63	84%	75 - 93
Any activity limitation	97	64%	55 - 73
Diabetes	18	40%	23 - 58
Sedentary lifestyle	213	46%	41 - 51
Overweight (BMI >=25)	201	40%	35 - 44
Current smoking	85	46%	38 - 55
No health insurance	25	46%	30 - 62
Fair or poor health	57	82%	72 - 93
Couldn't afford doctor visit	33	59%	44 - 74
High blood pressure	92	41%	34 - 49
High cholesterol	111	42%	35 - 49

*Respondents who reported 14 or more days in the past 30 where they did not feel healthy and full of energy (among all respondents).

Table EE: Have Not Discussed Fire Escape Plan*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	52	17%	12 - 21
Education of Adult Respondent			
< H.S. Grad	1	20%	0 - 70
High School Grad	8	15%	5 - 26
Some College	16	19%	10 - 27
College Graduate	27	16%	10 - 22
Household Income			
$0-$19,999	2	29%	0 - 74
$20,000-$34,999	5	13%	2 - 24
$35,000-$49,999	8	22%	8 - 35
$50,000-$74,999	8	11%	4 - 19
$75,000+	23	20%	12 - 27
Marital Status of Adult Respondent			
Married	37	16%	11 - 21
Divorced/Separated	9	16%	6 - 26
Widowed	1	40%	0 - 100
Never Mar./Unmar. Couple	5	24%	3 - 45
Employment of Adult Respondent			
Employed for wages	36	16%	11 - 22
Self employed	7	17%	4 - 29
Not employed	8	17%	6 - 27
Retired	1	30%	0 - 100

*Respondents reporting having not discussed a fire escape plan with their children (among all respondents reporting children aged 5 to 17, using household weight).

Table FF: Child Didn't Always Wear Bicycle Helmet*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	143	52%	45 - 59
Age Group of Selected Child			
0-4	17	43%	26 - 61
5-9	32	36%	25 - 47
10-15	79	66%	56 - 76
16-17	11	78%	50 - 100
Education of Adult Respondent			
< H.S. Grad	2	54%	0 - 100
High School Grad	23	63%	46 - 81
Some College	39	55%	41 - 69
College Graduate	79	47%	38 - 56
Household Income			
$0-$19,999	3	70%	10 - 100
$20,000-$34,999	14	58%	35 - 81
$35,000-$49,999	21	67%	49 - 86
$50,000-$74,999	31	47%	33 - 61
$75,000+	57	48%	37 - 59
Marital Status of Adult Respondent			
Married	107	49%	42 - 57
Divorced/Separated	26	63%	46 - 81
Never Mar./Unmar. Couple	9	60%	27 - 92
Employment of Adult Respondent			
Employed for wages	103	57%	49 - 65
Self employed	18	50%	28 - 72
Not employed	19	40%	24 - 56
Retired	3	61%	0 - 100
Other **			
More than two hours of TV	82	56%	47 - 65
Media Content Rules	43	58%	45 - 72
Any day unsupervised	76	47%	38 - 56
>1 Household	23	66%	48 - 85
No bedtime rules	104	51%	43 - 59
No TV Hours Rules	57	65%	53 - 77

*Respondents reporting having a child that didn't always wear a helmet while riding a bicycle (among all respondents reporting a child that rode a bicycle; weighted for children 0-17).

**TV Hours Rules: Respondents reporting no rules about number of hours of TV per day for selected child

Media Content Rules: Respondent reporting no rules about program/movie content or no rules about video game content for selected child

Any day unsupervised: Respondents reporting selected child unsupervised after school one or more days per week

>1 Household: Respondents reporting that selected child splits time between separate households

No Bedtime Rules: Respondents reporting absence of rules about bedtime on school nights for selected child

Table GG: Two or More Hours of Television*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	201	53%	48 - 59
Age Group of Selected Child			
1-4	49	55%	43 - 67
5-9	46	51%	39 - 63
10-15	86	64%	54 - 73
16-17	20	46%	28 - 63
Education of Adult Respondent			
< H.S. Grad	4	74%	5 - 100
High School Grad	37	67%	53 - 81
Some College	51	52%	41 - 64
College Graduate	109	49%	42 - 57
Household Income			
$0-$19,999	7	80%	46 - 100
$20,000-$34,999	17	40%	23 - 56
$35,000-$49,999	27	66%	50 - 82
$50,000-$74,999	58	57%	46 - 68
$75,000+	71	46%	36 - 55
Marital Status of Adult Respondent			
Married	158	52%	46 - 59
Divorced/Separated	32	53%	39 - 68
Widowed	1	80%	0 - 100
Never Mar./Unmar. Couple	10	65%	39 - 91
Other **			
Media Content Rules	58	59%	47 - 70
Any day unsupervised	100	51%	43 - 59
>1 Household	25	64%	49 - 79
No bedtime rules	134	55%	48 - 62
No TV Hours Rules	73	60%	50 - 70

*Respondents who reported that the child in their household watched two or more hours of television per day in the last week (among children ages 1 to 17, weighted to children ages 0 to 17).

Other:

**TV Hours Rules: Respondents reporting no rules about number of hours of TV per day for selected child

Media Content Rules: Respondent reporting no rules about program/movie content, no rules about video game content, or no rules about internet use for selected child

Any day unsupervised: Respondents reporting selected child unsupervised after school one or more days per week

>1 Household: Respondents reporting that selected child splits time between separate households

No Bedtime Rules: Respondents reporting absence of rules about bedtime on school nights for selected child

Table HH: No Rules About Media Content*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	107	38%	31 - 44
Age Group of Selected Child			
5-9	30	34%	22 - 45
10-15	45	30%	21 - 39
16-17	32	67%	50 - 84
Education of Adult Respondent			
< H.S. Grad	2	60%	0 - 100
High School Grad	21	45%	28 - 62
Some College	30	35%	23 - 47
College Graduate	54	36%	26 - 45
Household Income			
$0-$19,999	5	90%	61 - 100
$20,000-$34,999	14	40%	21 - 59
$35,000-$49,999	15	44%	23 - 66
$50,000-$74,999	22	29%	18 - 41
$75,000+	42	39%	28 - 50
Marital Status of Adult Respondent			
Married	82	38%	31 - 46
Divorced/Separated	20	36%	21 - 50
Widowed	2	100%	100 - 100
Never Mar./Unmar. Couple	3	30%	0 - 65
Other **			
More than two hours of TV	58	39%	30 - 49
Any day unsupervised	64	30%	22 - 37
>1 Household	15	37%	19 - 54
No bedtime rules	87	34%	27 - 41
No TV Hours Rules	70	58%	48 - 68

*Respondents who reported no rules about program/movie content, no rules about video game content, or no rules about internet use for the child (among children ages 5 to 17, weighted to children ages 0 to 17).

Other:

**TV Hours Rules: Respondents reporting no rules about number of hours of TV per day for selected child

Any day unsupervised: Respondents reporting selected child unsupervised after school one or more days per week

2+ Hours of TV: Respondents reporting that selected child spent two or more hours watching television on previous day

>1 Household: Respondents reporting that selected child splits time between separate households

No Bedtime Rules: Respondents reporting absence of rules about bedtime on school nights for selected child

Table II: Child Unsupervised After School*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	48	20%	14 - 26
Age Group of Selected Child			
5-9	5	7%	0 - 14
10-15	32	27%	18 - 37
16-17	11	33%	13 - 52
Gender			
Male	21	25%	14 - 36
Female	27	18%	11 - 25
Education of Adult Respondent			
< H.S. Grad	1	45%	0 - 100
High School Grad	5	11%	0 - 22
Some College	17	27%	14 - 39
College Graduate	25	18%	10 - 26
Household Income			
$20,000-$34,999	8	32%	10 - 53
$35,000-$49,999	10	44%	20 - 68
$50,000-$74,999	14	15%	6 - 25
$75,000+	12	15%	6 - 24
Marital Status of Adult Respondent			
Married	29	16%	10 - 22
Divorced/Separated	18	41%	24 - 57
Employment of Adult Respondent			
Employed for wages	44	27%	19 - 35
Self employed	1	1%	0 - 4
Not employed	2	6%	0 - 15
Retired	1	41%	0 - 100
Other **			
More than two hours of TV	25	21%	12 - 30
Media Content Rules	20	27%	15 - 39
Any day unsupervised	48	100%	100 - 100
>1 Household	13	40%	20 - 60
No bedtime rules	40	19%	12 - 25
No TV Hours Rules	30	27%	17 - 36

*Respondents reporting having a child that was unsupervised after school one or more days in the last week (among all respondents reporting children; weighted for children 0 to 17).

Other:

**TV Hours Rules: Respondents reporting no rules about number of hours of TV per day for selected child

Media Content Rules: Respondent reporting no rules about program/movie content, no rules about video game content, or no rules about internet use for selected child

Any day unsupervised: Respondents reporting selected child unsupervised after school one or more days per week

>1 Household: Respondents reporting that selected child splits time between separate households

No Bedtime Rules: Respondents reporting absence of rules about bedtime on school nights for selected child

Table JJ: Possible Depression*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	293	26%	23 - 29
Age Group			
18-24	19	20%	11 - 29
25-34	57	29%	22 - 35
35-44	93	34%	27 - 40
45-54	73	30%	23 - 36
55-64	35	25%	17 - 33
65-74	15	14%	7 - 22
75+	1	3%	0 - 9
Gender			
Male	91	22%	18 - 26
Female	202	30%	26 - 34
Education			
< H.S. Grad	6	36%	9 - 62
High School Grad	64	30%	23 - 37
Some College	78	24%	18 - 29
College Graduate	145	26%	22 - 30
Income			
$0-$19,999	17	38%	22 - 55
$20,000-$34,999	52	29%	21 - 36
$35,000-$49,999	59	37%	29 - 46
$50,000-$74,999	64	26%	20 - 33
$75,000+	70	21%	16 - 26
Marital Status			
Married	163	25%	21 - 29
Divorced/Separated	71	42%	34 - 51
Widowed	11	13%	5 - 21
Never Mar./Unmar. Couple	48	25%	18 - 33
Employment			
Employed for Wages	188	27%	23 - 31
Self-Employed	26	25%	15 - 34
Not Emp for Wages	55	36%	27 - 44
Retired	24	14%	8 - 20
Other			
Limiting pain in last 30 days	90	40%	33 - 48
14+ of last 30 days anxious	88	44%	36 - 52
14+ of last 30 days sad	44	61%	49 - 73
Any activity limitation	58	37%	29 - 46
Diabetes	11	23%	10 - 36
No health insurance	20	37%	21 - 52
Fair or poor health	30	41%	28 - 54
Couldn't afford doctor visit	29	48%	33 - 62
High blood pressure	69	28%	22 - 34
Chronic drinking	8	14%	4 - 24

*Respondents who reported that they might have had depression in the past five years (among all respondents).

Table KK: Diagnosed with Depression*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	112	9%	7 - 11
Age Group			
18-24	6	7%	1 - 12
25-34	18	9%	5 - 14
35-44	35	11%	7 - 14
45-54	27	10%	6 - 14
55-64	21	15%	9 - 22
65-74	5	4%	0 - 8
75+	0	0%	-
Gender			
Male	23	5%	3 - 8
Female	89	13%	10 - 15
Education			
< H.S. Grad	3	14%	0 - 33
High School Grad	28	14%	8 - 19
Some College	30	8%	5 - 12
College Graduate	51	8%	6 - 10
Income			
$0-$19,999	10	19%	6 - 31
$20,000-$34,999	25	14%	8 - 19
$35,000-$49,999	19	10%	5 - 14
$50,000-$74,999	21	8%	5 - 12
$75,000+	28	8%	5 - 11
Marital Status			
Married	55	8%	6 - 10
Divorced/Separated	33	17%	11 - 23
Widowed	5	6%	1 - 11
Never Mar./Unmar. Couple	19	10%	5 - 15
Employment			
Employed for Wages	69	9%	7 - 11
Self-Employed	11	8%	3 - 13
Not Emp for Wages	24	16%	9 - 22
Retired	8	5%	1 - 8
Other			
Limiting pain in last 30 days	36	15%	10 - 20
14+ of last 30 days anxious	39	18%	12 - 24
14+ of last 30 days sad	21	28%	16 - 39
Any activity limitation	25	15%	9 - 21
Diabetes	6	11%	2 - 21
No health insurance	9	15%	4 - 26
Fair or poor health	13	18%	7 - 28
Couldn't afford doctor visit	15	23%	11 - 35
High blood pressure	26	9%	5 - 12
Chronic drinking	3	5%	0 - 11

*Respondents reporting that they had been diagnosed with depresssion in the past five years (among all respondents).

Table LL: Chronic Drinking*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	53	6%	4 - 8
Age Group			
18-24	11	14%	6 - 23
25-34	6	3%	0 - 6
35-44	7	2%	0 - 4
45-54	14	9%	4 - 15
55-64	5	5%	0 - 9
65-74	9	12%	4 - 19
75+	1	1%	0 - 4
Gender			
Male	43	11%	7 - 14
Female	10	2%	0 - 4
Education			
< H.S. Grad	1	3%	0 - 9
High School Grad	10	6%	2 - 9
Some College	17	7%	4 - 11
College Graduate	24	5%	3 - 8
Income			
$0-$19,999	3	6%	0 - 15
$20,000-$34,999	10	9%	3 - 14
$35,000-$49,999	7	5%	1 - 10
$50,000-$74,999	8	4%	1 - 7
$75,000+	17	6%	3 - 10
Marital Status			
Married	25	5%	3 - 6
Divorced/Separated	11	7%	3 - 11
Widowed	2	2%	0 - 5
Never Mar./Unmar. Couple	14	11%	5 - 17
Employment			
Employed for Wages	30	5%	3 - 8
Self-Employed	7	8%	1 - 15
Not Emp for Wages	4	2%	0 - 5
Retired	11	9%	4 - 15
Other			
Limiting pain in last 30 days	14	8%	3 - 13
14+ of last 30 days anxious	15	10%	5 - 16
14+ of last 30 days sad	6	9%	2 - 16
Diabetes	4	14%	0 - 30
Overweight (BMI >=25)	31	7%	4 - 10
Current smoking	20	14%	8 - 20
No health insurance	6	10%	1 - 18
Fair or poor health	2	5%	0 - 11
High blood pressure	14	9%	4 - 14
High cholesterol	15	8%	3 - 13
Have a child at home	8	2%	0 - 3

*Resondents who reported consuming 60 or more drinks per month (among all respondents).

Table MM: Drinking and Driving*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	38	4%	3 - 6
Age Group			
18-24	6	6%	1 - 11
25-34	15	9%	4 - 14
35-44	6	2%	0 - 4
45-54	8	4%	1 - 7
55-64	2	2%	0 - 5
65-74	1	1%	0 - 3
75+	0	0%	-
Gender			
Male	25	6%	4 - 9
Female	13	2%	1 - 3
Education			
< H.S. Grad	1	3%	0 - 10
High School Grad	5	3%	0 - 6
Some College	9	5%	1 - 8
College Graduate	23	4%	3 - 6
Income			
$0-$19,999	1	2%	0 - 6
$20,000-$34,999	6	4%	1 - 7
$35,000-$49,999	6	4%	0 - 8
$50,000-$74,999	6	3%	0 - 5
$75,000+	15	6%	3 - 9
Marital Status			
Married	16	3%	2 - 5
Divorced/Separated	6	4%	1 - 7
Widowed	2	2%	0 - 6
Never Mar./Unmar. Couple	14	10%	4 - 15
Employment			
Employed for Wages	30	5%	3 - 7
Self-Employed	2	5%	0 - 12
Not Emp for Wages	3	3%	0 - 5
Other			
14+ of last 30 days anxious	9	6%	2 - 10
14+ of last 30 days sad	4	7%	0 - 14
Overweight (BMI >=25)	16	3%	2 - 5
Current smoking	13	8%	3 - 12
High blood pressure	3	2%	0 - 4
Male smokeless tobacco use	3	22%	0 - 46
Have a child at home	11	3%	1 - 4
Chronic drinking	10	23%	9 - 38

*Respondents who reported that they had driven when they'd had perhaps too much to drink in the past month (among all respondents).

Table NN: Trying To Lose Weight*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	506	47%	44 - 51
Age Group			
18-24	26	33%	21 - 44
25-34	96	47%	40 - 55
35-44	131	50%	43 - 57
45-54	124	52%	45 - 59
55-64	78	64%	54 - 73
65-74	32	39%	28 - 50
75+	19	32%	18 - 45
Gender			
Male	164	41%	36 - 46
Female	342	53%	48 - 57
Education			
< H.S. Grad	8	30%	8 - 52
High School Grad	92	49%	41 - 57
Some College	130	41%	35 - 48
College Graduate	276	50%	46 - 55
Income			
$0-$19,999	26	47%	31 - 64
$20,000-$34,999	61	38%	29 - 47
$35,000-$49,999	73	50%	41 - 58
$50,000-$74,999	136	58%	51 - 65
$75,000+	152	45%	39 - 51
Marital Status			
Married	308	49%	45 - 53
Divorced/Separated	95	54%	45 - 62
Widowed	30	36%	25 - 48
Never Mar./Unmar. Couple	73	40%	31 - 49
Employment			
Employed for Wages	328	48%	44 - 52
Self-Employed	47	47%	35 - 58
Not Emp for Wages	69	50%	41 - 59
Retired	62	41%	32 - 49
Other			
Limiting pain in last 30 days	116	52%	45 - 60
14+ of last 30 days anxious	101	53%	45 - 61
14+ of last 30 days sad	36	49%	36 - 61
Any activity limitation	88	55%	46 - 64
Diabetes	26	54%	38 - 69
Sedentary lifestyle	232	46%	42 - 51
Overweight (BMI >=25)	321	63%	58 - 67
Current smoking	74	38%	30 - 46
No health insurance	18	31%	17 - 45
Fair or poor health	37	49%	36 - 62
Couldn't afford doctor visit	33	53%	39 - 67
High blood pressure	136	59%	52 - 66
High cholesterol	152	61%	54 - 67

*Respondents reporting that they were currently trying to lose weight (among all respondents).

Table OO: Low Satisfaction with Health Care Coverage*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	63	7%	5 - 9
Age Group			
18-24	7	8%	2 - 15
25-34	12	6%	3 - 10
35-44	19	9%	5 - 14
45-54	10	4%	1 - 7
55-64	9	8%	3 - 14
65-74	5	8%	1 - 15
75+	1	1%	0 - 4
Gender			
Male	32	9%	6 - 13
Female	31	5%	3 - 7
Education			
< H.S. Grad	1	2%	0 - 7
High School Grad	14	9%	4 - 13
Some College	19	8%	4 - 11
College Graduate	29	7%	4 - 9
Income			
$0-$19,999	6	12%	1 - 22
$20,000-$34,999	9	8%	2 - 13
$35,000-$49,999	9	6%	2 - 10
$50,000-$74,999	18	9%	5 - 13
$75,000+	13	5%	2 - 8
Marital Status			
Married	42	8%	6 - 10
Divorced/Separated	8	5%	1 - 8
Widowed	2	2%	0 - 5
Never Mar./Unmar. Couple	11	6%	2 - 11
Employment			
Employed for Wages	36	6%	4 - 8
Self-Employed	12	17%	8 - 26
Not Emp for Wages	8	6%	1 - 11
Retired	7	5%	1 - 9
Other			
Limiting pain in last 30 days	19	10%	5 - 15
14+ of last 30 days anxious	22	12%	7 - 18
14+ of last 30 days sad	11	14%	5 - 23
Any activity limitation	16	11%	5 - 17
Diabetes	2	5%	0 - 11
Sedentary lifestyle	39	9%	6 - 12
Overweight (BMI >=25)	36	9%	6 - 11
Current smoking	17	9%	5 - 14
No health insurance	6	13%	2 - 24
Fair or poor health	11	18%	8 - 29
Couldn't afford doctor visit	14	22%	10 - 34
High blood pressure	17	8%	4 - 12
Poor proximity to healthcare	10	17%	7 - 27
Lost access to doctor	10	12%	4 - 19

*Respondents reporting having fair or poor satistaction with their health care (among respondents reporting at least one usual place for health care).

Table PP: "Fair" or "Poor" Proximity to Health Care Location*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	69	8%	6 - 10
Age Group			
18-24	2	4%	0 - 9
25-34	13	7%	3 - 11
35-44	19	10%	5 - 14
45-54	18	10%	5 - 15
55-64	7	7%	1 - 12
65-74	7	7%	1 - 12
75+	3	6%	0 - 13
Gender			
Male	35	11%	7 - 14
Female	34	5%	3 - 7
Education			
< H.S. Grad	1	6%	0 - 19
High School Grad	10	6%	2 - 10
Some College	19	7%	4 - 10
College Graduate	39	9%	6 - 12
Income			
$0-$19,999	3	6%	0 - 12
$20,000-$34,999	9	7%	2 - 11
$35,000-$49,999	12	10%	4 - 17
$50,000-$74,999	12	7%	3 - 12
$75,000+	23	8%	5 - 12
Marital Status			
Married	39	8%	5 - 10
Divorced/Separated	11	10%	3 - 16
Widowed	5	7%	1 - 13
Never Mar./Unmar. Couple	13	7%	3 - 11
Employment			
Employed for Wages	49	9%	7 - 12
Self-Employed	4	6%	0 - 12
Not Emp for Wages	4	2%	0 - 4
Retired	12	8%	3 - 13
Other			
Limiting pain in last 30 days	17	9%	4 - 14
14+ of last 30 days anxious	12	9%	4 - 14
14+ of last 30 days sad	5	12%	1 - 24
Any activity limitation	12	9%	3 - 15
Diabetes	1	3%	0 - 9
No health insurance	2	10%	0 - 26
Fair or poor health	4	7%	0 - 14
High blood pressure	19	12%	6 - 17

*Respondents who rated the convenience of their regular place of health care as fair or poor (among respondents reporting having at least one usual place for health care).

Table QQ: Lost Access to Doctor*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	121	13%	11 - 15
Age Group			
18-24	5	7%	0 - 14
25-34	32	21%	14 - 28
35-44	34	14%	9 - 19
45-54	17	5%	3 - 8
55-64	15	13%	6 - 20
65-74	14	17%	8 - 25
75+	4	8%	0 - 17
Gender			
Male	40	12%	8 - 16
Female	81	14%	11 - 17
Education			
< H.S. Grad	1	7%	0 - 23
High School Grad	25	14%	8 - 19
Some College	33	14%	9 - 19
College Graduate	61	12%	9 - 15
Income			
$0-$19,999	10	22%	8 - 37
$20,000-$34,999	15	12%	6 - 18
$35,000-$49,999	22	17%	10 - 24
$50,000-$74,999	26	15%	9 - 20
$75,000+	34	11%	7 - 15
Marital Status			
Married	75	13%	10 - 16
Divorced/Separated	24	15%	9 - 21
Widowed	5	7%	1 - 13
Never Mar./Unmar. Couple	17	11%	6 - 17
Employment			
Employed for Wages	82	14%	11 - 17
Self-Employed	8	8%	2 - 14
Not Emp for Wages	15	11%	5 - 17
Retired	16	13%	7 - 19
Other			
14+ of last 30 days anxious	25	14%	8 - 20
14+ of last 30 days sad	8	12%	3 - 21
Any activity limitation	14	10%	4 - 16
Diabetes	5	11%	1 - 21
Fair or poor health	8	13%	3 - 22
High blood pressure	35	14%	9 - 20

*Respondents who reported that they have lost access to their doctor due to job change, a change in health care coverage, provider moving, or owing money to their provider (among respondents reporting having changed doctors).

Table RR: No Dental Health Care Coverage*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	271	27%	24 - 30
Age Group			
18-24	21	27%	16 - 39
25-34	40	22%	15 - 28
35-44	44	18%	12 - 23
45-54	46	18%	12 - 24
55-64	36	29%	20 - 38
65-74	50	60%	49 - 71
75+	34	73%	60 - 86
Gender			
Male	88	23%	19 - 28
Female	183	30%	26 - 34
Education			
< H.S. Grad	14	69%	46 - 93
High School Grad	65	34%	26 - 41
Some College	84	32%	25 - 38
College Graduate	108	20%	17 - 24
Income			
$0-$19,999	32	65%	49 - 81
$20,000-$34,999	55	39%	30 - 48
$35,000-$49,999	42	29%	20 - 37
$50,000-$74,999	49	22%	16 - 28
$75,000+	46	17%	12 - 21
Marital Status			
Married	143	24%	21 - 28
Divorced/Separated	48	30%	22 - 39
Widowed	39	59%	47 - 72
Never Mar./Unmar. Couple	40	26%	18 - 35
Employment			
Employed for Wages	92	15%	12 - 18
Self-Employed	45	48%	36 - 59
Not Emp for Wages	57	39%	30 - 48
Retired	77	59%	50 - 67
Other			
Limiting pain in last 30 days	68	33%	26 - 41
14+ of last 30 days anxious	50	26%	19 - 33
14+ of last 30 days sad	32	40%	27 - 52
Any activity limitation	59	35%	27 - 44
Diabetes	18	38%	23 - 53
Sedentary lifestyle	142	30%	25 - 35
Overweight (BMI >=25)	127	26%	22 - 31
Current smoking	57	30%	23 - 38
No health insurance	50	98%	94 - 100
Fair or poor health	37	50%	37 - 63
Couldn't afford doctor visit	29	49%	34 - 64
High blood pressure	81	37%	30 - 44
No dental visit in two years	59	46%	37 - 56
Need dental services	58	33%	25 - 41
Lost six or more teeth	46	43%	33 - 54

*Respondents reporting having no dental health care coverage (among all respondents).

Table SS: In Need of Dental Services*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	172	16%	14 - 19
Age Group			
18-24	11	14%	6 - 23
25-34	27	15%	9 - 20
35-44	40	15%	10 - 20
45-54	51	23%	17 - 29
55-64	27	20%	12 - 28
65-74	10	9%	3 - 15
75+	6	14%	2 - 25
Gender			
Male	57	15%	11 - 18
Female	115	18%	15 - 21
Education			
< H.S. Grad	6	30%	5 - 55
High School Grad	53	27%	20 - 34
Some College	58	20%	15 - 25
College Graduate	55	10%	7 - 13
Income			
$0-$19,999	20	42%	25 - 59
$20,000-$34,999	41	29%	21 - 38
$35,000-$49,999	32	22%	15 - 30
$50,000-$74,999	26	12%	7 - 16
$75,000+	35	11%	7 - 15
Marital Status			
Married	88	15%	12 - 18
Divorced/Separated	42	26%	18 - 34
Widowed	19	25%	14 - 36
Never Mar./Unmar. Couple	23	15%	8 - 21
Employment			
Employed for Wages	106	16%	13 - 19
Self-Employed	11	12%	4 - 21
Not Emp for Wages	31	23%	15 - 31
Retired	24	15%	9 - 22
Other			
Limiting pain in last 30 days	56	27%	21 - 34
14+ of last 30 days anxious	46	22%	16 - 29
14+ of last 30 days sad	24	26%	15 - 36
Any activity limitation	45	28%	20 - 36
Diabetes	8	19%	6 - 31
Sedentary lifestyle	105	22%	18 - 26
Overweight (BMI >=25)	92	18%	14 - 21
Current smoking	62	30%	23 - 38
No health insurance	16	32%	16 - 48
Fair or poor health	18	22%	12 - 33
Couldn't afford doctor visit	26	43%	29 - 58
High blood pressure	53	22%	16 - 28
High cholesterol	48	18%	13 - 24

*Respondents reporting a need for any dental service, including fillings, dentures or partials, teeth pulled, caps, crowns, or root canals (among all respondents).

Table TT: No Dental Visit in Past Two Years*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	133	13%	11 - 15
Age Group			
18-24	10	13%	5 - 21
25-34	36	20%	14 - 26
35-44	33	13%	9 - 18
45-54	22	9%	5 - 13
55-64	15	11%	5 - 18
65-74	10	11%	4 - 17
75+	7	9%	2 - 16
Gender			
Male	62	15%	11 - 19
Female	71	12%	9 - 14
Education			
< H.S. Grad	8	44%	15 - 72
High School Grad	36	18%	12 - 24
Some College	50	18%	13 - 23
College Graduate	39	8%	5 - 10
Income			
$0-$19,999	19	37%	21 - 53
$20,000-$34,999	29	21%	13 - 28
$35,000-$49,999	26	19%	12 - 26
$50,000-$74,999	20	9%	5 - 12
$75,000+	20	7%	4 - 10
Marital Status			
Married	61	11%	8 - 14
Divorced/Separated	31	19%	13 - 26
Widowed	14	18%	9 - 26
Never Mar./Unmar. Couple	27	17%	10 - 23
Employment			
Employed for Wages	82	13%	10 - 16
Self-Employed	7	8%	1 - 15
Not Emp for Wages	27	20%	13 - 28
Retired	17	10%	5 - 15
Other			
Limiting pain in last 30 days	29	14%	9 - 19
14+ of last 30 days anxious	32	14%	9 - 20
14+ of last 30 days sad	18	21%	11 - 31
Any activity limitation	28	15%	9 - 21
Diabetes	7	14%	3 - 25
Sedentary lifestyle	72	15%	12 - 19
Overweight (BMI >=25)	80	15%	12 - 19
Current smoking	46	23%	16 - 30
No health insurance	21	48%	31 - 64
Fair or poor health	14	17%	8 - 27
Couldn't afford doctor visit	11	22%	9 - 35
High blood pressure	32	13%	9 - 18
High cholesterol	31	11%	7 - 15

*Respondents reporting not visiting the dentist in the past two years (among all respondents).

Table UU: Lost Tooth to Decay or Disease*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	322	30%	27 - 33
Age Group			
18-24	3	3%	0 - 6
25-34	22	11%	7 - 16
35-44	58	23%	17 - 29
45-54	86	38%	30 - 45
55-64	58	52%	42 - 62
65-74	62	74%	64 - 85
75+	33	62%	47 - 78
Gender			
Male	111	28%	23 - 33
Female	211	32%	28 - 36
Education			
< H.S. Grad	9	32%	9 - 55
High School Grad	89	44%	36 - 52
Some College	100	33%	27 - 39
College Graduate	124	24%	20 - 28
Income			
$0-$19,999	31	58%	41 - 75
$20,000-$34,999	60	37%	28 - 45
$35,000-$49,999	44	30%	22 - 38
$50,000-$74,999	70	32%	26 - 39
$75,000+	69	22%	17 - 27
Marital Status			
Married	178	31%	27 - 35
Divorced/Separated	73	40%	32 - 49
Widowed	46	68%	56 - 81
Never Mar./Unmar. Couple	23	12%	7 - 18
Employment			
Employed for Wages	155	23%	19 - 27
Self-Employed	33	33%	22 - 43
Not Emp for Wages	43	29%	20 - 37
Retired	91	65%	56 - 73
Other			
Limiting pain in last 30 days	79	38%	30 - 45
14+ of last 30 days anxious	59	29%	22 - 36
14+ of last 30 days sad	38	50%	37 - 63
Any activity limitation	78	51%	42 - 60
Diabetes	20	43%	27 - 59
Sedentary lifestyle	178	36%	31 - 41
Overweight (BMI >=25)	171	34%	30 - 39
Current smoking	84	41%	33 - 48
No health insurance	16	22%	10 - 35
Fair or poor health	39	51%	38 - 64
Couldn't afford doctor visit	23	38%	23 - 52
High blood pressure	91	42%	35 - 49
High cholesterol	101	41%	34 - 47

*Respondents reporting having lost at least one tooth because of tooth decay or gum disease (among all respondents).

Table VV: Lost Six or More Teeth to Decay or Disease*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	107	9%	7 - 11
Age Group			
18-24	0	0%	-
25-34	2	1%	0 - 2
35-44	7	3%	1 - 5
45-54	26	9%	6 - 13
55-64	29	26%	17 - 35
65-74	24	27%	17 - 38
75+	19	31%	18 - 45
Gender			
Male	35	8%	5 - 11
Female	72	10%	8 - 12
Education			
< H.S. Grad	7	22%	4 - 39
High School Grad	44	20%	14 - 27
Some College	32	9%	6 - 12
College Graduate	24	5%	3 - 7
Income			
$0-$19,999	19	33%	18 - 47
$20,000-$34,999	23	13%	7 - 18
$35,000-$49,999	14	9%	4 - 14
$50,000-$74,999	20	9%	5 - 13
$75,000+	12	4%	2 - 6
Marital Status			
Married	51	9%	6 - 11
Divorced/Separated	27	14%	9 - 20
Widowed	28	39%	27 - 52
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	36	5%	3 - 7
Self-Employed	8	7%	2 - 12
Not Emp for Wages	16	10%	5 - 15
Retired	47	31%	22 - 39
Other			
Limiting pain in last 30 days	29	12%	8 - 17
14+ of last 30 days anxious	24	10%	6 - 14
14+ of last 30 days sad	19	22%	12 - 32
Any activity limitation	39	23%	16 - 30
Diabetes	10	20%	7 - 32
Sedentary lifestyle	63	12%	9 - 15
Overweight (BMI >=25)	67	12%	9 - 15
Current smoking	30	13%	8 - 18
No health insurance	6	6%	1 - 11
Fair or poor health	17	22%	11 - 32
Couldn't afford doctor visit	7	12%	3 - 21
High blood pressure	38	16%	11 - 21
No dental visit in two years	31	18%	12 - 25
No dental health coverage	46	15%	10 - 19
Need dental services	25	14%	8 - 19

*Respondents reporting having lost six or more teeth (among all respondents).

TECHNICAL NOTES

Methodology

Background

The Behavior Risk Survey of Johnson County was conducted at the request of the Johnson Community Health Organization. This survey was based on methodology and survey content used by the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national data collection system, coordinated by the Centers for Disease Control and Prevention, designed to enable public health professionals to assess health risk factors known to contribute to or increase the risk of chronic and communicable disease, acute illness, injury, disability, and premature death. Kansas has conducted the statewide BRFSS every year since 1992.

Sampling

The telephone survey was conducted using a simple random digit dialing sampling method. Sampling was conducted by a commercial sample provider utilizing simple random digit dial (RDD) methods from one-plus blocks only (i.e., from blocks of one hundred telephone numbers in which there was at least one listed household). Pre-screening of the sample was conducted to eliminate businesses, institutions, and non-working numbers. Potential working telephone numbers were dialed during three separate calling periods (daytime, evening, and weekends) for a total of 15 call attempts before being replaced. Upon reaching a valid residential number, one household member aged 18 or older was randomly selected. If the selected respondent was not available, an appointment was made to call at a later date. If the selected respondent could not be reached during the survey calling period or refused to participate, that telephone number was replaced with another randomly selected number.

Because households were selected by random telephone number and no identifying information was solicited, all responses to this survey were anonymous. Between May 2000 and April 2001, 1,076 residents of Johnson County were interviewed.

Data Collection

Residents of Johnson County were interviewed by telephone using a standardized questionnaire prepared from BRFSS modules used by the Centers for Disease Control and Prevention (CDC) or developed specifically to meet the information needs of Johnson County. The survey consisted, in part, of core modules used in all the counties participating in local BRFSS survey. Topics covered by the core modules were health status, health care access, hypertension awareness, cholesterol awareness, diabetes, exercise, seat belt use, tobacco use, smokeless tobacco use, demographics, breast and cervical cancer screening, adult immunization, HIV/AIDS, and quality of life. Additional questions were selected from optional modules available from CDC, previously used in the Kansas BRFSS or developed for special surveys. These modules were health of children, supplementary children's health/safety, parenting, mental health, and alcohol consumption.

Weighting Procedure

Weighting is a process by which the survey data are adjusted to account for unequal selection probability and to more accurately represent the population from which the sample was drawn. The weighting process for the survey data is based on the same formula which is used nationwide in the BRFSS. The responses of each person interviewed were assigned a weight which accounted for the number of telephone numbers in the household, the number of adults in the household, and the demographic distribution of the sample. By weighting the data, the responses were adjusted to compensate for the over-representation or under-representation of particular subgroups. Alterations in the weighting formulas were made to arrive at estimates for prevalence among households and among children in specific age groups. The following tables present a description of the sample before and after weighting of the data and compares age and sex breakdown to census estimates.

Demographic Characteristic	Unweighted Sample (%)	Weighted Sample (%)	Census Estimate (%)
Age			
18-24	7.7	11.3	11.1
25-34	19.2	19.5	19.3
35-44	25.3	26.8	26.5
45-54	21.8	18.6	19.6
55-64	11.8	10.2	10.1
65+	14.2	13.6	13.4
Sex			
Male	38.7	47.6	47.6
Female	61.3	52.4	52.4

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)
Education		
<HS Graduate	2.1	2.5
HS Diploma	19.7	19.8
Some College	26.5	26.0
College Graduate	51.6	51.7
Income		
$0 - $9,999	1.6	1.1
$10,000 - $14,999	1.7	1.3
$15,000 - $19,999	2.5	2.6
$20,000 - $24,999	5.6	5.2
$25,000 - $34,999	11.5	11.1
$35,000 - $49,999	17.2	15.9
$50,000 - $74,999	25.0	26.3
$75,000+	34.9	36.6

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)
Employment		
Employed for Wages	63.5	63.8
Self-Employed	9.5	9.0
Not Employed for Wages	12.4	13.5
Retired	14.6	13.5
Marital Status		
Married	59.9	67.7
Divorced/Separated	16.8	10.7
Widowed	7.6	4.9
Never Married/Unmarried Couple	15.8	16.7

Data Analysis

The charts and tables of the various risk factors presented in this document are broken down by age, gender, education level, income level, employment status, marital status, county, and various other factors likely to be associated with each specific risk factor. In the calculation of the percentage of the population at risk for specific health behaviors, respondents who indicated "don't know" or "refused" were not included. This causes some variation in sample size from question to question. When the results are generalized to the population, an assumption was made that the proportion of respondents at risk was the same for those with missing or unknown information as for those who provided adequate information. The percentage of missing or unknown responses was small for all questions except income for which 20% of responses were missing or unknown.

Data Reliability

Telephone interviewing has been demonstrated to be a reliable method for collecting behavioral risk data and can cost three to four times less than other interviewing methods such as mail-in interviews or face-to-face interviews. The BRFSS methodology has been utilized and evaluated by the CDC and other participating states since 1984. Content of survey questions, questionnaire design, data collection procedures, surveying techniques, and editing procedures have been thoroughly evaluated to maintain overall data quality and to lessen the potential for bias within the population sample.

Stratification of Data in Analysis

The complete demographic breakdown for selected risk factors can be found in the detailed tables section of this document. The breakdown of age, employment, marital status, and income were varied according to the size of the stratified sample. In the profile chapters of the ten selected health issues, cell sizes were adjusted to above 20 individuals whenever possible. Smaller cell sizes were allowed in the tables in the appendices but the number of respondents is included to permit judgement about the stability of the proportion. Cell sizes smaller than 50 can provide unstable results, and cell sizes below 20 should be considered highly unstable (i.e., subject to fluctuation depending on the sample drawn.) The risk tables include a confidence interval for each percentage estimate. This represents a statistical test which should be used to assess the reliability of the estimate. This is discussed further in the introduction to those tables.

The education categories are comprised of those with less than a high school diploma, high school graduate, some college (i.e. technical or vocational school and partial college education with less than a four year degree), and college graduate (those who have a 4 year college degree and/or a postgraduate

degree). Annual household income categories are $0-$19,999, $20,000-$34,999, $35,000-$49,999, $50,000+; however, it was sometimes necessary to collapse categories to obtain cell sizes over 20. The employment status category is comprised of people who are employed for wages, self-employed, retired, and those who are not employed (those out of work, homemakers, students, and those unable to work). Marital status is comprised of married, divorced or separated, widowed, and never married or unmarried couples.

Limitations

Sampling
The BRFSS survey samples the population using a technique which is discussed in the methodology section. Sampling yields results which are an estimate of the true answer for the entire population. The more persons that are interviewed, the greater the precision of the estimate. When the data are subdivided to look at sub-populations (e.g., an age subgroup) these estimates will be less precise; if the number of persons interviewed was small because the subgroup represents a small fraction of the population (e.g., diabetics less than 30 years old), the estimate may become too uncertain to be of value.

Because the survey is conducted by telephone, persons without telephones could not be reached. Since phone ownership is highly correlated to income, persons without a phone are more likely to be poor than persons with a telephone. This will potentially affect questions with responses that are highly dependent on income (e.g., health insurance) more than other questions. However, because phone ownership is high in Kansas (greater than 95%), it is unlikely that failing to reach these persons will substantially alter results.

Questionnaire Design and Administration
How a question is written and which questions preceded it in the questionnaire can influence responses in unpredictable ways. Not all the questions used in the survey have been tested to ensure that all persons understand the intended meaning. Those that come from modules created by the Centers for Disease Control and Prevention usually have been tested, while those in state modules may or may not have been tested, depending on the source of the question. Furthermore, not all questions are equally easy for respondents to answer. While it may be easy for a respondent to provide a personal opinion, it may be much harder to recall a past event (last mammogram) or provide factual information (household income).

Interviewers are trained and monitored to ensure that they administer the survey in a neutral voice and read the written question verbatim and without comment. Nonetheless, it is possible for the interviewer to bias the results through tone of voice or administration technique. Coding errors may also occur if the interviewer types in the wrong response to the question. In addition, the person being interviewed may alter his or her response to give the interviewer the most socially acceptable answer. This may be a problem especially for questions which may have a perceived stigma (e.g., HIV risk).

Response Rate
The CASRO rate, developed by the Council of American Survey Research Organizations is the total number of completed surveys divided by the total number of estimated households. For Johnson County, the CASRO response rate was 43%. The upper bound response rate for the Johnson survey was 53%. The upper bound formula* is based on the number of eligible households reached and the number of interviews completed. However, in addition to those persons who refused to answer questions, lack of

response can also arise because household members were not available despite repeated call attempts, or household members refuse to pick up the phone based on what they discern from caller ID. The bias from non-response cannot be removed; it is not possible to know if those who refused to respond would have answered the questions in approximately the same ways as those who responded.

Confounding and Causation

Relationships between risk factors and personal characteristics which are presented in this document are univariate (i.e., examine each risk factor in relationship to only one characteristic at a time); however, the complexity of health associations are not fully represented by examining single relationships. For example, an examination of heart disease and employment status might show a greater prevalence of heart disease among persons who are retired than among persons who are employed. However, persons who are retired are expected to have a greater average age than persons who are employed; consequently, this relationship might entirely disappear if we removed the effects of age. (If this were the case we would say that the relationship between heart disease and employment status was being confounded by age.)

Likewise, this document does not attempt to explain the causes of the health effects examined. For instance, BRFSS data might show a higher prevalence of heart disease among smokers, but one should not conclude from this that smoking causes heart disease. That smoking is indeed a causal factor for heart disease is apparent from a large body of scientific data, but that is not a conclusion that can be drawn from a cross-sectional survey such as this. Rather this is a "snapshot" of disease, risk factors, and population characteristics for adult residents of Johnson County at a point in time.

* Upper bound response=number of complete interviews / (completes + refusals + terminations)